

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -1 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003303

1. Entity Name
KONOVER PROPERTY TRUST, INC.



Principal Place of Business
3434 KILDAIRE FARM ROAD
STE 200
RALEIGH NC 27606

Mailing Address
3434 KILDAIRE FARM ROAD
STE 200
RALEIGH NC 27606



2. Principal Place of Business
3333 new Hyde PK Rd

3. Mailing Address
3333 new Hyde PK Rd

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
new Hyde PK NY

City & State
new Hyde PK NY

Zip
11042

Zip
11042

Country
USA

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 56-1819372

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
MALONEY, MICHAEL J
3434 KILDAIRE FARM RD SUITE 200
RALEIGH NC 27606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPC
KELLY, DANIEL J
3434 KILDAIRE FARM RD SUITE 200
RALEIGH NC 27606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPG
MALPHRUS, ROBIN W
3434 KILDAIRE FARM RD SUITE 200
RALEIGH NC 27606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAG
LILES III, MARCUS B
3434 KILDAIRE FARM RD SUITE 200
RALEIGH NC 27606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MOREAU, DAVID S
3434 KILDAIRE FARM RD SUITE 200
RALEIGH NC 27606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SANTE, LAURA H
3434 KILDAIRE FARM RD SUITE 200
RALEIGH NC 27606 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
mike Pappagallo
3333 new Hyde PK Rd new Hyde PK NY 11042 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
michael schindler
3333 new Hyde PK Rd
new Hyde PK NY 11042 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Joel Yarnall
3333 new Hyde PK Rd new Hyde PK NY 11042 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
milton Cooper
3333 new Hyde PK Rd
new Hyde PK NY 11042 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000018454520
05/07/03--01071--005 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

516899008

Date

Daytime Phone #

CR2E034 (10/02)