

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90029 005 \*\*\*150.00



**DOCUMENT # P40710**  
 1. Entity Name  
**RCMP MANAGEMENT, INC.**

Principal Place of Business  
**ATTN: LESLEY BENJAMIN**  
**% THE RELATED CO. , 625 MADISON AVE.**  
**NEW YORK, NY 10022**

Mailing Address  
**ATTN: LESLEY BENJAMIN**  
**% THE RELATED CO. , 625 MADISON AVE.**  
**NEW YORK, NY 10022**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01232004 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3644948**

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**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DC	<input type="checkbox"/> Delete
NAME	WINE, DAVID J.	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	MCGUIRE, SUSAN J.	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, STEPHEN M.	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BRENNER, MICHAEL	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLAU, JEFF T	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRODSKY, JEFFREY	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan McGuire	
STREET ADDRESS	625 Madison Avenue	
CITY-ST-ZIP	New York, NY 10022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Susan J. McGuire, Sec.* **4/9/04** **212-421-5352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #