


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90380 034 \*\*\*158.75

<b>DOCUMENT # P40725</b> 1. Entity Name RCMP, INC.			
Principal Place of Business 625 MADISON AVENUE LEGAL DEPARTMENT NEW YORK, NY 10022		Mailing Address 625 MADISON AVENUE LEGAL DEPARTMENT NEW YORK, NY 10022	
2. Principal Place of Business <i>c/o The Related Companies</i> Suite, Apt. #, etc. 60 Columbus Circle City & State New York, NY Zip 10023		3. Mailing Address <i>c/o The Related Companies</i> Suite, Apt. #, etc. 60 Columbus Circle City & State New York, NY Zip 10023	
4. FEI Number 13-3627391		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ROSS, STEPHEN M STREET ADDRESS 625 MADISON AVE. CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE PD NAME Ross, Stephen M STREET ADDRESS 60 Columbus Circle CITY-ST-ZIP New York, NY 10023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPS NAME MCGUIRE, SUSAN STREET ADDRESS 625 MADISON AVE. CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE S NAME Susan J. McGuire STREET ADDRESS 60 Columbus Circle, New York, NY CITY-ST-ZIP 10023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AVP NAME ANGELO, GENE STREET ADDRESS 625 MADISON AVE. CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE AVP NAME Gene Angelo STREET ADDRESS 60 Columbus Circle CITY-ST-ZIP New York, NY 10023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AVP NAME BERNSTEIN, DENISE STREET ADDRESS 625 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BLAU, JEFF T STREET ADDRESS 625 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE VP NAME Jeff T. Blau STREET ADDRESS 60 Columbus Circle CITY-ST-ZIP New York, NY 10023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE EVP NAME BOESKY, STUART J STREET ADDRESS 625 MADISON AVE CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Susan J. McGuire 3/31/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			