


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P40725**  
 1. Entity Name  
 RCMP, INC.



Principal Place of Business  
 C/O THE RELATED COMPANIES  
 60 COLUMBUS CIRCLE  
 NEW YORK, NY 10023

Mailing Address  
 C/O THE RELATED COMPANIES  
 60 COLUMBUS CIRCLE  
 NEW YORK, NY 10023



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 13-3627391 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

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U00000915099  
 05/03/08-80001-002 155.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, STEPHEN M 60 COLUMBUS CIRCLE NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGUIRE, SUSAN 60 COLUMBUS CIRCLE NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP ANGELO, GENE 60 COLUMBUS CIRCLE NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAU, JEFF T 60 COLUMBUS CIRCLE NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* *Susan J McGuire* *3/5/08* *212.421.5333*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Secretary*