

1072

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40725

1. Entity Name
RCMP, INC.



FILED
03 APR 30 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

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

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

03

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

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, 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

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 Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE VPS
NAME MCGUIRE, SUSAN
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY 10022 Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 200017634552 Change Addition

TITLE AVP
NAME ANGELO, GENE
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY 10022 Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE AVP
NAME BERNSTEIN, DENISE
STREET ADDRESS 625 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY 10022 Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE VP
NAME BLAU, JEFF T
STREET ADDRESS 625 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY 10022 Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE EVP
NAME BROSKY, STUART J
STREET ADDRESS 625 MADISON AVE
CITY-ST-ZIP NEW YORK, NY 10022 Delete

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: Susan McGuire SUSAN MCGUIRE Date: 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

20fz



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2003

ORDER TIME : 2:49 PM

ORDER NO. : 075874-155

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher
The Related Companies, Inc.
9th Floor
625 Madison Avenue
New York, NY 10022

RECEIVED
03 APR 30 PM 3:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: RCMP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____