

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000192

**Entity Name:** S.D. MALKIN PROPERTIES, INC.

**Current Principal Place of Business:**

35 MASON STREET  
GREEWICH, CT 06830

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC9400733482**

**Current Mailing Address:**

35 MASON STREET  
GREEWICH, CT 06830

**FEI Number: 13-3517230**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR AND PRESIDENT  
Name           HOST, N. GEORGE  
Address        35 MASON STREET  
City-State-Zip: GREEWICH CT 06830

Title           DIRECTOR  
Name           MALKIN, PETER L  
Address        35 MASON STREET  
City-State-Zip: GREEWICH CT 06830

Title           EXECUTIVE VICE PRESIDENT  
Name           COHEN, JEREMY Z  
Address        35 MASON STREET  
City-State-Zip: GREEWICH CT 06830

Title           SECRETARY  
Name           NEARING, ANNE R  
Address        35 MASON STREET  
City-State-Zip: GREEWICH CT 06830

Title           TREASURER AND ASSISTANT  
                  SECRETARY  
Name           GABRIK, JULIE A  
Address        35 MASON STREET  
City-State-Zip: GREEWICH CT 06830

Title           DIRECTOR  
Name           KASNETZ, PAUL  
Address        35 MASON STREET  
City-State-Zip: GREEWICH CT 06830

Title           EXECUTIVE VICE PRESIDENT AND  
                  GENERAL COUNSEL  
Name           ITZKOWITZ, JAY N  
Address        35 MASON STREET  
City-State-Zip: GREEWICH CT 06830

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANNE R NEARING**

**SECRETARY**

**03/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date