

**2021 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

**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**

**01/29/2021**

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

\_\_\_\_\_  
Date