FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **827520** **(8)**

1. Corporation Name

FOREST CITY CAPITAL CORPORATION

Principal Place of Business	Mailing Address
10800 BROOKPARK ROAD CLEVELAND OH 44130	10800 BROOKPARK ROAD CLEVELAND OH 44130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/22/1972**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **34-1008491** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the date as applicable) (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	PROHASKA, JAMES	12 NAME	
STREET ADDRESS	10800 BROOKPARK RD	13 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	PELAVIN, EDWARD	22 NAME	
STREET ADDRESS	10800 BROOKPARK RD	23 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MILLER, SAM H.	32 NAME	
STREET ADDRESS	10800 BROOKPARK RD	33 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, THOMAS G	42 NAME	
STREET ADDRESS	10800 BROOKPARK RD	43 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BROCKLEHURST, JOHN D	52 NAME	
STREET ADDRESS	10800 BROOKPARK RD	53 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	RATNER, RONALD	62 NAME	
STREET ADDRESS	10800 BROOKPARK RD	63 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: X SAMUEL MILLER 4/28/95 216-267-1200
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486380 FP