

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90170 048 ***150.00

DOCUMENT # 827520

1. Entity Name

FOREST CITY CAPITAL CORPORATION

Principal Place of Business

Mailing Address

TERMINAL TOWER
 PUBLIC SQUARE
 50 PUBLIC SQUARE
 CLEVELAND OH 44113

730 TERMINAL TOWER
 50 PUBLIC SQUARE
 CLEVELAND OH 44113-2202
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1008491**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PROHASKA, JAMES	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	P	<input type="checkbox"/> Delete
NAME	PELAVIN, EDWARD	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, SAM H.	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS G	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROCKLEHURST, JOHN D	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	COB	<input type="checkbox"/> Delete
NAME	RATNER, RONALD	
STREET ADDRESS	1100 TERMINAL TOWER 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVE, ANTHONY	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.	
CITY-ST-ZIP	CLEVELAND, OHIO 44113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

Daytime Phone #