**FILED** 

## 2002 Uniform Business Report (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # 827520  1. Entity Name  FOREST CITY CAPITAL CORPORATION					Apr 08, 2002 8:00 am Secretary of State 04-08-2002 90225 010 ***150.00			
Principal Place of Business  1100 TERMINAL TOWER 50 PUBLIC SQUARE CLEVELAND OH 44113 US  2. Principal Place of Business		Mailing Address 730 TERMINAL TOWER 50 PUBLIC SQUARE CLEVELAND OH 44113 US 3. Mailing Address						
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.								
City & State		City & State			4. FEI Number	34-1008491	<del> -  </del>	oplied For of Applicable
Zip	Country	Zip	Country	· <del>-</del>	5. Certificate of	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Nam		7. Name and Ac	dress of New Register	ed Agent	
1200 S. F	ORATION SYSTEM PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)				
PLANTAT	ION FL 33324		City		**		FL Zip Code	е
				50.00 \$550.00	10. Election	on Campaign Financing Fund Contribution.		O May Be I to Fees
11.	OFFICERS AND D		12.		ADDITIONS/CH	ANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOVE, ANTHONY 1100 TERMINAL TOWER, 50 PUB CLEVELAND OH 44113	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete PELAVIN, EDWARD 1100 TERMINAL TOWER, 50 PUBLIC SQ CLEVELAND OH 44113		TITLE NAME STREET ADDRE CITY-ST-ZIP	ss				<b>▼</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLER, SAM H. 1100 TERMINAL TOWER, 50 PUBLIC SQ CLEVELAND OH 44113			Vic.	Vice President ☑ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete SMITH, THOMAS G 1100 TERMINAL TOWER, 50 PUBLIC SQ CLEVELAND OH 44113		TITLE NAME STREET ADDRE CITY-ST-ZIP		asurer		☐ Change	<b>☆</b> Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	VP BROCKLEHURST, JOHN D 1100 TERMINAL TOWER, 50 PUBLIC SQ CLEVELAND OH 44113			ss			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB RATNER, RONALD 1100 TERMINAL TOWER 50 PUBL CLEVELAND OH 44113		TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			☐ Change irector	Addition
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empor or on an attachment with an address, w	rue and accurate and that n vered to execute this report	ny signature sha as required by	all have the s	same legal effect as	s if made under oath; the	at I am an officer	or director

VACUES AND THE PARTIES

(216) 621-6060