

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90021 037 ***150.00

DOCUMENT # 848954

1. Entity Name
THE RELATED COMPANIES, INC.

Principal Place of Business 625 MADISON AVENUE NEW YORK NY 10022	Mailing Address C/O LEGAL DEPT. THE RELATED CO'S 625 MADISON AVENUE NEW YORK NY 10022-1801
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 13-2723782	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	ROSS, STEPHEN M	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	BRENNER, MICHAEL J	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	AUGENBLICK, ANDREW	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGUIRE, SUSAN	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **2/1/00** **212-421-5332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)