

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



100037714811

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MAR 10 '92

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries
FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT #848954 (4)**
THE RELATED COMPANIES, INC.
625 MADISON AVENUE
NEW YORK NY 10022-1801

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address
22 P.O. Box No.
23 City and State
24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida **04/27/1981**

3a. Date of Last Report **03/05/1991**
4. FEI Number **13-2723782**
FEI Number Applied For
FEI Number Not Applicable
5. **\$8.75** Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED

6. Names and Mailing Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1 Title	2 Name of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1 P/D	ROSS, STEPHEN M.	625 MADISON AVENUE	NEW YORK, NY
2 S/D	MCGUIRE, SUSAN	625 MADISON AVENUE	NEW YORK, NY
3 E/V	FLOOD, JAMES J.	625 MADISON AVENUE	NEW YORK, NY
4 T	DAGOSTINO, PASQUALE	625 MADISON AVENUE	NEW YORK, NY
5			
6			

REGISTERED AGENT INFORMATION
7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION, FL 33324

8. Name and Address of New Registered Agent

81 Name
C T CORPORATION SYSTEM
82 Street Address 1 (Do NOT Use P.O. Box Number)
1200 S. PINE ISLAND RD.
83 Street Address 2 (Do NOT Use P.O. Box Number)
84 City
PLANTATION FL. 85 Zip Code
33324

9. Pursuant to the provisions of Sections 607.0505 and 607.1508 of Chapter 607, Florida Statutes, the above named corporation submits this statement for the purpose of changing the registered agent of the corporation in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(By Registered Agent Accepting Appointment)

10. This corporation has liability for the payment of the \$100.00 Florida Statutes Yes No (See other side for information on other state tax.)

11. I 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. I further certify 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 of Florida Statutes, and that my name appears in Block 6 or an attached report with an address.

SIGNATURE *Susan J. McGuire* DATE **2-21-92**
Typed Name of Signing Officer or Director Telephone Number Daytime
Susan J. McGuire Secretary **(212) 421-5333**

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.