

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

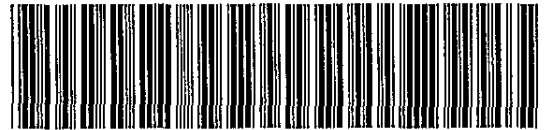
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



200037714722

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT
1983



George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
**APPROVED
AND
FILED**

Aug 25 10 05 AM 1983

Read Notice and Instructions on Other Side Before Making Entries.
Filing Fee of \$10 Required — Make Checks Payable To: **Secretary of State, Tallahassee, Florida**

| | | | |
|--|--|---|--|
| 1. Name and Address of Corporation Principal Office | | 2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient | |
| 848954 RELATED COMPANIES, INC. (THE) 645 FIFTH AVENUE NEW YORK, NY 10022 | | Street Address | |
| If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code. | | P.O. Box No. | |
| | | City | |
| | | State Zip Code | |

| | | | | | |
|---|------------|--|------------|------------------------|------------|
| 3. Date Incorporated or Qualified To Do Business in Florida | 04/27/1981 | 4. Federal Employer Identification Number (FEIN) | 13-2723782 | 5. Date of Last Report | 07/13/1982 |
|---|------------|--|------------|------------------------|------------|

| 6 Names and Street Addresses of Each Officer and Director, as of December 31, 1982. | | | |
|---|-------|--|------------------|
| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
| ROSS, STEPHEN M. | P/D | 756 FIFTH AVENUE | NEW YORK, NY |
| JOSEPH, PETER D. | N | 26 GREENWAY TERRACE | FOREST HILLS, NY |
| FRIED, J. MICHAEL | N | 5 PETER COOPER RD. | NEW YORK, NY |
| BEGUIN, FRED A. | N | 8 RIDGE RD., RD#3 | NEW MILFORD, CT. |
| FRENKEL, ELI | T | 10 SOLAR LANE | SEARINGTOWN, NY |
| MCGUIRE, SUSAN J. | S | 221-34 59TH AVENUE | BAYSIDE, NY |

| 7 Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent | |
|--|--|---|--|
| C T CORPORATION SYSTEM | | Name | |
| 8751 W. BROWARD BLVD. | | Street Address (Do NOT Use P O Box Number) | |
| PLANTATION, FL 33324 | | City, State and Zip Code | |

9 Pursuant to the provisions of Section 607 034 and 607 037, Florida Statutes, the undersigned corporation, qualified under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____ DATE _____

SIGNATURE _____ (Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

| | |
|--|---|
| 10. IMPORTANT — THIS SECTION MUST BE COMPLETED Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 11. IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES Has said amendment been filed with this office? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--|---|

12. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

| | |
|-------------------------------|------------------|
| Signature | Date |
| | August 15, 1983 |
| Typed Name of Signing Officer | Telephone Number |
| STEPHEN M. ROSS | 212 421-5333 |
| Title | |
| PRESIDENT | |

COR 621 (6/79)