

\_\_\_\_\_  
(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:

Office Use Only



500037714795

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

APPROVED AND FILED  
DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1990



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

1990 MAR -7 AM 7:22  
FLORIDA DEPT. OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

848954 4

ZIP + 4 PRESORT

RELATED COMPANIES, INC. (THE)  
625 MADISON AVENUE  
NEW YORK, NY 10022-1801

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

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

4. FEI Number 13-2723782

FEI Number Applying For  
 FEI Number Not Applicable

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

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
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

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated 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 \_\_\_\_\_

I hereby accept the appointment of registered agent I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effects 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, F.S.

Signature

*Susan McGuire*

Date

Typed Name of Signing Officer or Director

Susan McGuire

Title

Secretary

Telephone Number

(212)421-5333

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status