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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

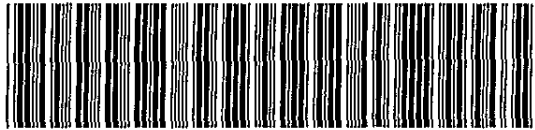
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**CORPORATION
ANNUAL REPORT
1994**



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

**APPROVED
AND
FILED**

24 MAY - 1 PM 11:11
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Corporation Name
THE RELATED COMPANIES, INC.

DOCUMENT #
848954 (4)

2A. Principal Office
**625 MADISON AVENUE
NEW YORK NY 10022**

Principal Place of Business
**625 MADISON AVENUE
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quicker
04/27/1981

3a. Date of Last Report
03/30/1993

4. FEI Number
13-2723782

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

7. Nonprofit Exempt from \$138.75 Supplemental Fee

\$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 194.032, Florida Statutes Yes No

2. Mailing Address

2a. Principal Place of Business

21 State, Apt #, etc.

26 State, Apt #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 P.O.

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0005 and 607.0006 of Chapter 607, Part 7, Florida Statutes, the above-named corporation submits this statement to the purpose of changing its registered agent of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent from January 1, 1994, and accept the obligations of Section 607.0005 or 617.0003, Florida Statutes.

SIGNATURE

DATE

12. CHANGES TO OFFICERS AND DIRECTORS IN 1994

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D
12 NAME	ROSS, STEPHEN M.
13 STREET ADDRESS	625 MADISON AVENUE
14 CITY - ST - ZIP	NEW YORK NY
21 TITLE	S/D
22 NAME	MCGUIRE, SUSAN
23 STREET ADDRESS	625 MADISON AVENUE
24 CITY - ST - ZIP	NEW YORK NY
31 TITLE	E/V
32 NAME	FLOOD, JAMES J.
33 STREET ADDRESS	625 MADISON AVENUE
34 CITY - ST - ZIP	NEW YORK NY
41 TITLE	D/V
42 NAME	WECHSLER MICHAEL J
43 STREET ADDRESS	625 MADISON AVENUE
44 CITY - ST - ZIP	NEW YORK NY
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further 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; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan McGuire

6/9/94 (212) 421-5333

NAME AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Office Phone #