


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90148 038 ***158.75

DOCUMENT # 848954

1. Entity Name
THE RELATED COMPANIES, INC.



Principal Place of Business
**625 MADISON AVENUE
 5TH FLOOR LEGAL DEPARTMENT
 NEW YORK, NY 10022**

Mailing Address
**625 MADISON AVENUE
 5TH FLOOR LEGAL DEPARTMENT
 NEW YORK, NY 10022**

20029463



2. Principal Place of Business
C/O THE RELATED COMPANIES
 Suite, Apt. #, etc.
60 Columbus Circle

3. Mailing Address
C/O THE RELATED COMPANIES
 Suite, Apt. #, etc.
60 Columbus Circle

03232005 Chg-P CR2E034 (10/03)

City & State
New York, NY

City & State
New York, NY

Zip
10023

Country

4. FEI Number
13-2723782

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-8565**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP	VP BLAU, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS 625 MADISON AVE	625 MADISON AVE	
CITY-ST-ZIP NEW YORK, NY 10022	NEW YORK, NY 10022	
TITLE NAME	DEVP BRENNER, MICHAEL J	<input type="checkbox"/> Delete
STREET ADDRESS 625 MADISON AVENUE	625 MADISON AVENUE	
CITY-ST-ZIP NEW YORK, NY 10022	NEW YORK, NY 10022	
TITLE NAME	EVD BLAU, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS 625 MADISON AVENUE	625 MADISON AVENUE	
CITY-ST-ZIP NEW YORK, NY 10022	NEW YORK, NY 10022	
TITLE NAME	S MCGUIRE, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS 625 MADISON AVENUE	625 MADISON AVENUE	
CITY-ST-ZIP NEW YORK, NY 10022	NEW YORK, NY 10022	
TITLE NAME	DP ROSS, STEPHEN M	<input type="checkbox"/> Delete
STREET ADDRESS 625 MADISON AVE	625 MADISON AVE	
CITY-ST-ZIP NEW YORK, NY 10022	NEW YORK, NY 10022	
TITLE NAME	VP BEAL, BRUCE A JR	<input type="checkbox"/> Delete
STREET ADDRESS 625 MADISON AVE	625 MADISON AVE	
CITY-ST-ZIP NEW YORK, NY 10022	NEW YORK, NY 10022	

TITLE NAME	VP BLAU, JEFF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 COLUMBUS CIRCLE	60 COLUMBUS CIRCLE	
CITY-ST-ZIP NEW YORK, NY 10023	NEW YORK, NY 10023	
TITLE NAME	DEVP BRENNER, MICHAEL J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 COLUMBUS CIRCLE	60 COLUMBUS CIRCLE	
CITY-ST-ZIP NEW YORK, NY 10023	NEW YORK, NY 10023	
TITLE NAME	EVD BLAU, JEFF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 COLUMBUS CIRCLE	60 COLUMBUS CIRCLE	
CITY-ST-ZIP NEW YORK, NY 10023	NEW YORK, NY 10023	
TITLE NAME	S MCGUIRE, SUSAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 COLUMBUS CIRCLE	60 COLUMBUS CIRCLE	
CITY-ST-ZIP NEW YORK, NY 10023	NEW YORK, NY 10023	
TITLE NAME	DP ROSS, STEPHEN M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 COLUMBUS CIRCLE	60 COLUMBUS CIRCLE	
CITY-ST-ZIP NEW YORK, NY 10023	NEW YORK, NY 10023	
TITLE NAME	VP BEAL, BRUCE A JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 COLUMBUS CIRCLE	60 COLUMBUS CIRCLE	
CITY-ST-ZIP NEW YORK, NY 10023	NEW YORK, NY 10023	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan J. McGuire* **Susan J. McGuire** 3/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #