


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # 848954 1. Entity Name THE RELATED COMPANIES, INC. | |  |
| Principal Place of Business C/O THE RELATED COMPANIES 60 COLUMBUS CIRCLE NEW YORK, NY 10023 | Mailing Address C/O THE RELATED COMPANIES 60 COLUMBUS CIRCLE NEW YORK, NY 10023 | |



03062008 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 13-2723782 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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|---|
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-8565 |
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BLAU, JEFF 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DEVP BRENNER, MICHAEL J 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD BLAU, JEFF 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCGUIRE, SUSAN 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ROSS, STEPHEN M 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BEAL, BRUCE A JR 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan J. McGuire

3/6/08
Date

212-421-5333
Daytime Phone #

Secretary