


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)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2723782

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-8565**

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 _____

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

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

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

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U00000941907
 05/29/09-90126-007 158.75

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 McGuire* *Susan J. McGuire* *3/6/08* *212-421-5333*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRETARY