## 2002 UNIFORM BUSINESS REPORT (UBR)

2002	z wniform busi	nogen zzelki	ar (mbr	<b>윘)</b>	Apr 15 200	<u> </u>	am	
DOCUMENT # F0100005991  1. Entity Name FOREST CITY EQUITY SERVICES, INC:					Apr 15, 2002 8:00 am Secretary of State 04-15-2002 90060 033 ***150.00			
Principal Plac 50 PUBLIC & CLEVELAND	QUARE, SUITE 1100	Mailing Address 50 PUBLIC SQUARE. SUITE 1100 CLEVELAND OH 44113			D0000			
Principal Place of Business     3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	9	City & State		<b>4.</b> F	4. FEI Number 34-1035549 Applied For Not Applicable			
Zip	Country Zip Cour		Country	5. Certificate of Status Desired				
	6. Name and Address of Current R	egistered Agent		7. N	Name and Address of New Registered Agent			
				Name				
	PORATION SYSTEM JTH PINE ISLAND ROAD		Street Address (P.O. Box Number is Not Acceptable)				<u> </u>	
PLANTATION FL 33324								
			City	<del></del> -		FL Zip Co	de	
8. The above	named entity submits this statement for	He purpose of prancing its re	aistered office or	r registered age	ent, or both, in the State of Florida			
,	$\langle \rangle$			3 3			-	
SIGNATURE .	Signature Apped or printed name of registered abent an	d title if applies bla /NOTE: D	egistered Agent signat	tra required when re	instating)	DATE		
		T			mading)			
9. This corporation is eligible to satisfy its Intengible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of S		5 <b>0</b> .00	<b>10.</b> Election Campaign Financ Trust Fund Contribution.		00 May Be ed to Fees	
11. OFFICERS AND D		<u> </u>	12.		DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11	
TITLE	PCD	☐ Delete	TITLE	]		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	RATNER, RONALD A 50 PUBLIC SQUARE, SUITE 1100 CLEVELAND OH 44113		NAME STREET ADDRESS CITY-ST-ZIP				l	
TITLE NAME STREET ADDRESS	PELAVIN, EDWARD 50 PUBLIC SQUARE, SUITE 1100	☐ Delete	NAME STREET ADDRESS	Executi	ve Vice President	☐ Change	<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEVELAND OH 44113 ST SMITH, THOMAS G 50 PUBLIC SQUARE, SUITE 1100 CLEVELAND OH 44113	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		<b>-</b> .	☐ Change	Addition	
TITLE , NAME STREET ADDRESS   CITY-ST-ZIP	D RATNER, CHARLES A 50 PUBLIC SQUARE, SUITE 1100 CLEVELAND OH 44113	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATNER, JAMES A 50 PUBLIC SQUARE, SUITE 1100 CLEVELAND OH 44113	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James J 1100 Te:	r/Executive Vice I . Prohaska rminal Tower, 50 I nd, OH 44113		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vertify that the information supplied with t	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

Indecated on this report or supplied with his truling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Flurner certify indicated on this report or suppliemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Prohaska

(216) 621-6060 Daytime Phone #