


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-12-2005 90128 049 \*\*\*158.75

**DOCUMENT # F03000002182**

1. Entity Name  
**UNRELATED CORP.**



Principal Place of Business  
**C/O THE RELATED COMPANIES, LP  
 625 MADISON AVE  
 NEW YORK, NY 10022**

Mailing Address  
**C/O THE RELATED COMPANIES, LP  
 625 MADISON AVE  
 NEW YORK, NY 10022**



2. Principal Place of Business  
**CP The Related Companies  
 Suite, Apt. #, etc.  
 60 Columbus Circle**

3. Mailing Address  
**CP The Related Companies  
 Suite, Apt. #, etc.  
 60 Columbus Circle**

City & State  
**New York NY**

City & State  
**New York, NY**

Zip  
**10023**

Country

Zip  
**10023**

Country

03312005 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3015340**

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 32301-2525**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROSS, STEPHEN M 625 MADISON AVE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stephen M. Ross 60 Columbus Circle, NY, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRENKEL, ELI 625 MADISON AVE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eli Frenkel 60 Columbus Circle, NY, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGUIRE, SUSAN J 625 MADISON AVE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Susan McGuire 60 Columbus Circle, NY, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNER, MICHAEL 625 MADISON AVE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael J. Brenner 60 Columbus Circle, NY, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 persons empowered.

SIGNATURE: Eli Frenkel 3/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #