


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90003 037 ***158.75

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|--|---|
| DOCUMENT # F03000002182 1. Entity Name UNRELATED CORP. |  |
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| Principal Place of Business C/O THE RELATED COMPANIES, LP 60 COLUMBUS CIRCLE NEW YORK, NY 10023 | Mailing Address C/O THE RELATED COMPANIES, LP 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
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DO NOT WRITE IN THIS SPACE

40010000



01182007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 13-3015340 | Applied For Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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, 2007 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 | DP ROSS, STEPHEN M 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MAKAR, JESSICA 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCGUIRE, SUSAN J 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRENNER, MICHAEL 60 COLUMBUS CIRCLE NEW YORK, NY 10023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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, Secretary** Date: **4/20/07** Daytime Phone #: **212-421-5335**