

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000006370**

1. Entity Name  
**ROCKEFELLER & ASSOCIATES REALTY, INC.**



Principal Place of Business  
**C/O RICHARD CATALDO  
30 ROCKEFELLER PLZ RM 5600  
NEW YORK, NY 10112**

Mailing Address  
**C/O RICHARD CATALDO  
30 ROCKEFELLER PLZ RM 5600  
NEW YORK, NY 10112**



03292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>94-3124705</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 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	PD
NAME	SALOMON, RICHARD E
STREET ADDRESS	610 FIFTH AVENUE, 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	DT
NAME	CATALDO, RICHARD
STREET ADDRESS	ROOM 5600, 30 ROCKEFELLER PLAZA
CITY-ST-ZIP	NEW YORK, NY 10112
TITLE	DS
NAME	HERMAN, PETER W
STREET ADDRESS	C/O MILBANK, TWEE, ET AL, 1 CHASE MANHATTA
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	V
NAME	ERB, MICHAEL S
STREET ADDRESS	655 MONTGOMERY ST
CITY-ST-ZIP	SAN FRANCISCO, CA 94103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80041-020 150.00

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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:** *Richard Cataldo* **Richard Cataldo** **3/20/07** **212 649 5107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #