

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002772

FILED
Apr 14, 2009
Secretary of State

Entity Name: STARWOOD ASSOCIATE RELIEF FUND, INC.

Current Principal Place of Business:

1111 WESTCHESTER AVE
WHITE PLAINS, NY 10640

New Principal Place of Business:

Current Mailing Address:

1111 WESTCHESTER AVE
WHITE PLAINS, NY 10640

New Mailing Address:

2231 E. CAMELBACK ROAD
SUITE 400
PHOENIX, AZ 85016

FEI Number: 26-1429960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BATTISTA, MARIANGELA
Address: 1111 WESTCHESTER AVE
City-St-Zip: WHITE PLAINS, NY 10640

Title: DV () Delete
Name: SATZ, CATHY
Address: 1111 WESTCHESTER AVE
City-St-Zip: WHITE PLAINS, NY 10640

Title: DS () Delete
Name: JONES, PATRICIA
Address: 1111 WESTCHESTER AVE
City-St-Zip: WHITE PLAINS, NY 10640

Title: DS () Delete
Name: CONNOLLY, SUSAN
Address: 1111 WESTCHESTER AVE
City-St-Zip: WHITE PLAINS, NY 10640

Title: DT (X) Delete
Name: SPITZER, JACK
Address: 2231 EAST CAMELBACK ROAD STE 400
City-St-Zip: PHOENIX, AZ 85016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOUGHTON, KERRY
Address: 1111 WESTCHESTER AVE
City-St-Zip: WHITE PLAINS, NY 10640

Title: DV (X) Change () Addition
Name: DOJLIDKO, MICHAEL
Address: 1111 WESTCHESTER AVE
City-St-Zip: WHITE PLAINS, NY 10640

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: SPITZER, JACK
Address: 2231 E. CAMELBACK ROAD, STE 400
City-St-Zip: PHOENIX, AZ 85016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK SPITZER

DT

04/14/2009

Electronic Signature of Signing Officer or Director

Date