

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002259

FILED
Feb 28, 2011
Secretary of State

Entity Name: FOREST CITY COMMERCIAL MANAGEMENT, INC.

Current Principal Place of Business:

50 PUBLIC SQUARE, SUITE 1360
CLEVELAND, OH 44113

New Principal Place of Business:

Current Mailing Address:

50 PUBLIC SQUARE, SUITE 1360
CLEVELAND, OH 44113

New Mailing Address:

FEI Number: 34-1003272 **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: VP
Name: BISHOP, DUANE JR
Address: 50 PUBLIC SQUARE, SUITE 1360
City-St-Zip: CLEVELAND, OH 44113

Title: DS
Name: LARUE, DAVID
Address: 50 PUBLIC SQUARE, SUITE 1360
City-St-Zip: CLEVELAND, OH 44113

Title: D
Name: RATNER, CHARLES
Address: 50 PUBLIC SQUARE, SUITE 1360
City-St-Zip: CLEVELAND, OH 44113

Title: DP
Name: RATNER, JAMES
Address: 50 PUBLIC SQUARE, SUITE 1360
City-St-Zip: CLEVELAND, OH 44113

Title: VPS
Name: MCCOWN, LAYTON
Address: 50 PUBLIC SQUARE, SUITE 1360
City-St-Zip: CLEVELAND, OH 44113

Title: V
Name: WOLFE, JUDITH
Address: 50 PUBLIC SQUARE, SUITE 1360
City-St-Zip: CLEVELAND, OH 44113

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAYTON MCCOWN

S

02/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date