

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90034 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000442 (4)

1. Corporation Name

FOREST CITY EAST COAST, INC. ✓

Principal Place of Business 730 TERMINAL TOWER 50 PUBLIC SQ. CLEVELAND, OH 44113	Mailing Address 730 TERMINAL TOWER 50 PUBLIC SQ. CLEVELAND, OH 44113
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/01/1993

4. FEI Number
34-1630788 ✓

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RATNER, JAMES A	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.	
CITY - ST - ZIP	CLEVELAND OH 44113	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RATNER, CHARLES A	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.	
CITY - ST - ZIP	CLEVELAND OH 44113	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, THOMAS G	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.	
CITY - ST - ZIP	CLEVELAND OH 44113	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, SAM H	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.	
CITY - ST - ZIP	CLEVELAND OH 44113	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RATNER, ALBERT B	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.	
CITY - ST - ZIP	CLEVELAND OH 44113	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RATNER, BRIAN	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.	
CITY - ST - ZIP	CLEVELAND OH 44113	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(216) 621-6060

Daytime Phone #