FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005478 (3)**

1. Corporation Name

REAL ESTATE CAPITAL INVESTORS CORP. V

Principal Place of Business

C/O REAL ESTATE CAPITAL PARTNERS LP
1185 AVE OF THE AMERICAS
NEW YORK NY 10036
US

Mailing Address

C/O REAL ESTATE CAPITAL PARTNERS LP
1185 AVE OF THE AMERICAS
NEW YORK NY 10036
US

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/02/1993

3a. Date of Last Report: 04/11/1995

4. FEI Number: 13-3742446 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 of New Registered Agent — Name of New Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SASS, MARTIN D	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PV	☐ DELETE
NAME	KINNEY, ROBERT L	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DV	☐ DELETE
NAME	SHEWER, KARIN E	
STREET ADDRESS	1185 AMERICAS OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DV	☐ DELETE
NAME	LAMLE, HUGH R	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	☐ DELETE
NAME	WINTER, MARTIN E	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	☐ DELETE
NAME	STONE, FRED M	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)