

2002 UNIFORM BUSINESS REPORT (UBR)

000178 AV 821000

DOCUMENT # F93000005478

1. Entity Name
REAL ESTATE CAPITAL INVESTORS CORP. V

FILED

02 APR 22 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3742446
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SASS, MARTIN D		NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	PV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINNEY, ROBERT L		NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEWER, KARIN E		NAME		
STREET ADDRESS	1185 AMERICAS OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMLE, HUGH R		NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINTER, MARTIN E		NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGEE, ROBERT J		NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. McGee 4-19-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)