

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F93000005480 (9)

1. Corporation Name

REAL ESTATE CAPITAL INVESTORS CORP. VI

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1993

4. FEI Number

13-3742449

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME SASS, MARTIN
STREET ADDRESS 1185 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE PVCD
NAME KINNEY, ROBERT L
STREET ADDRESS 1185 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VD
NAME SHEWER, KARIN E
STREET ADDRESS 1185 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VD
NAME LAMLE, HUGH R
STREET ADDRESS 1185 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VT
NAME WINTER, MARTIN E
STREET ADDRESS 1185 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE S
NAME STONE, FRED M
STREET ADDRESS 1185 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY ☐ DELETE

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OPERATOR

Date

Deputy Secretary of State

Page 1 of 1

CR2E034 (10/97)