

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000002141

1. Entity Name  
RELATED INDEPENDENCE ASSOCIATES INC.



Principal Place of Business  
C/O THE RELATED COMPANIES, LP  
625 MADISON AVENUE, LEGAL DEPT.  
NEW YORK, NY 10022

Mailing Address  
625 MADISON AVENUE,  
% THE RELATED COMPANIES-LESLEY BENJAMIN  
NEW YORK, NY 10022

FILED

04 MAY -8 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

13-3589911

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ROSS, STEPHEN M  
STREET ADDRESS 625 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500036081845  
CITY-ST-ZIP 05/12/04--01013--015 \*\*2288.75

TITLE EV  
NAME BOESKY, STUART J  
STREET ADDRESS 625 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME HIRMES, ALAN P  
STREET ADDRESS 625 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME WICELINSKI, TERESA  
STREET ADDRESS 625 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME HOPPS, GLENN  
STREET ADDRESS 625 MADISON AVE  
CITY-ST-ZIP NEW YORK, NY ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BRENNER, MICHAEL  
STREET ADDRESS 625 MADISON AVENUE  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Teressa Wicelinski* *TERESA WICELINSKI, SEC.*

4/9/04

212 421 5332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #