

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

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



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number

13-3589911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

U00000351497  
05/02/05-80148-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

212-521-6310

Daytime Phone #