

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F95000002142

1. Entity Name
RELATED INDEPENDENCE ASSOCIATES III INC.



Principal Place of Business

C/O THE RELATED COMPANIES LP
625 MADISON AVENUE
NEW YORK, NY 10022 US

Mailing Address

C/O THE RELATED COMPANIES - LESLEY BENJAMIN
625 MADISON AVE
NEW YORK, NY 10022 US



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3751285

Applied For
Not Applicable

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

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 reinstalling)

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	SVP
NAME	BOESKY, STUART
STREET ADDRESS	625 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	AVP
NAME	BONDONARO, ROBERT
STREET ADDRESS	625 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	SVP
NAME	HIRMES, ALAN P
STREET ADDRESS	625 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	P
NAME	HIRMES, ALAN P
STREET ADDRESS	625 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VP
NAME	SCHNITZER, MARC
STREET ADDRESS	625 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VP
NAME	KILEY, DENISE
STREET ADDRESS	625 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY 10022

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05/02/05-80148-004 150.00

**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)(f), 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:

Lesley Benjamin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

212-521-6310

Daytime Phone #