

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 02 1997 8:00am
Secretary of State

DOCUMENT # F95000004749 (6)

1. Corporation Name

LC-SFS ASSOCIATES, INC.



Principal Place of Business

Mailing Address

C/O THE RELATED COMPANIES, L.P.
625 MADISON AVE
NEW YORK NY 10022

C/O THE RELATED COMPANIES, L.P.
625 MADISON AVE
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

03/07/1996

4. FEI Number

13-3851155

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MARRON, EDWARD W JR
STREET ADDRESS 625 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10022

☐ DELETE

TITLE DV
NAME NUSSBAUM, DANIEL R
STREET ADDRESS 625 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10022

☐ DELETE

TITLE DV
NAME AUGENBLICK, ANDREW D
STREET ADDRESS 625 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10022

☐ DELETE

TITLE DT
NAME WECHSLER, MICHAEL J
STREET ADDRESS 625 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10022

☐ DELETE

TITLE V
NAME SOKOLOVIC, JOHN
STREET ADDRESS 625 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10022

☐ DELETE

TITLE S
NAME MCGUIRE, SUSAN J
STREET ADDRESS 625 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10022

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

Executive Vice President

SVP / Treasurer

Vice President
Robert Cahn
625 Madison Ave
New York, NY 10022

14. I do 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] 8/15/97 212-421-5333

CR2E034 (4/97)