

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90005 016 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005396

1. Corporation Name

CYPRESS RUN PROJECT INVESTORS, INC.

Principal Place of Business

% THE RELATED COMPANIES, L.P.
625 MADISON AVE.
NEW YORK NY 10022

Mailing Address

% THE RELATED COMPANIES, L.P.
625 MADISON AVE.
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1995

4. FEI Number

13-3479575

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **Whitney Capital**
Suite, Apt. #, etc.

22 **One Penn Plaza, Suite 1706**
City & State

23 **New York, NY**
Zip

24 **10119** Country

2a. Mailing Address

26 **Whitney Capital**
Suite, Apt. #, etc.

27 **One Penn Plaza, Suite 1706**
City & State

28 **New York, NY**
Zip

29 **10119** Country

9. Name and Address of Current Registered Agent

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

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 **NEW YORK 10005**

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 **DP** ☒ DELETE
NAME **BINGAMAN, R. JOHN**
STREET ADDRESS **625 MADISON AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

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

TITLE **V** ☒ DELETE
NAME **SCHLACTER, MARK**
STREET ADDRESS **625 MADISON AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **V** ☐ DELETE
NAME **GRANVILLE, THOMAS**
STREET ADDRESS **625 MADISON AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **S** ☐ DELETE
NAME **STANTON, VIRGINIA**
STREET ADDRESS **625 MADISON AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **10 Whitney**
3.3 STREET ADDRESS **One Penn Plaza, Suite 1706**
3.4 CITY-ST-ZIP **New York, NY 10119**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **10 Whitney**
4.3 STREET ADDRESS **One Penn Plaza, Suite 1706**
4.4 CITY-ST-ZIP **New York, NY 10119**

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 **President**
6.3 STREET ADDRESS **O. Gary Munson**
6.4 CITY-ST-ZIP **One Penn Plaza, Suite 1706**
NY, NY 10019

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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 Required

7-16-99

Date

Daytime Phone #

CR2E034 (5/99)