

2000 UNIFORM BUSINESS REPORT (UBR)

6

FILED
Jul 28, 2000 8:00 am
Secretary of State

06-20-2000 90004 002 ***150.00
 07-28-2000 90001 004 ***400.00

DOCUMENT # F97000006643

1. Entity Name

RECI XX, INC.

Principal Place of Business

Mailing Address

% REAL ESTATE CAPITAL PARTNERS LP
 1185 AVENUE OF THE AMERICAS 18TH FLOOR
 NEW YORK NY 10036-2601

% REAL ESTATE CAPITAL PARTNERS LP
 1185 AVENUE OF THE AMERICAS 18TH FLOOR
 NEW YORK NY 10036-2601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3971587**

Applied For

Not Applicable

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 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME PD
 STREET ADDRESS KINNEY, ROBERT L
 CITY-ST-ZIP 1185 AVENUE OF THE AMERICAS 18TH FLOOR
 NEW YORK NY 10036-2601 ☐ Delete

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

TITLE
 NAME V
 STREET ADDRESS SHEWER, KARIN E
 CITY-ST-ZIP 1185 AVENUE OF THE AMERICAS 18TH FLOOR
 NEW YORK NY 10036-2601 ☐ Delete

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

TITLE
 NAME DV
 STREET ADDRESS LAMLE, HUGH R
 CITY-ST-ZIP 1185 AVENUE OF THE AMERICAS 18TH FLOOR
 NEW YORK NY 10036-2601 ☐ Delete

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

TITLE
 NAME VT
 STREET ADDRESS WINTER, MARTIN E
 CITY-ST-ZIP 1185 AVENUE OF THE AMERICAS 18TH FLOOR
 NEW YORK NY 10036-2601 ☐ Delete

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

TITLE
 NAME S
 STREET ADDRESS STONE, FRED M
 CITY-ST-ZIP 1185 AVENUE OF THE AMERICAS 18TH FLOOR
 NEW YORK NY 10036-2601 ☐ Delete

TITLE
 NAME Robert J. McBe
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
 NAME S
 STREET ADDRESS STONE, FRED M
 CITY-ST-ZIP 1185 AVENUE OF THE AMERICAS 18TH FLOOR
 NEW YORK NY 10036-2601 ☒ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)