

2008 PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000000375 1. Entity Name THR DEVELOPMENT MANAGEMENT INC.	
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Principal Place of Business % TISHMAN ASSET CORPORATION 666 FIFTH AVENUE NEW YORK, NY 10103	Mailing Address % TISHMAN ASSET CORPORATION 666 FIFTH AVENUE NEW YORK, NY 10103
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3972097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO VICKERS, JOHN A 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALES, WILLIAM J 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV LIVINGSTON, JOHN 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SIMONE, JOSEPH J 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV TISHMAN, DANIEL R 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUSCEMI, GARY 666 FIFTH AVENUE NEW YORK, NY 10103

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U00000324978
05/16/08-80071-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Larry Schwarzwald Larry Schwarzwald, Treas. 4/16/08 212-706-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #