

# 2001 UNIFORM BUSINESS REPORT (UBR)

003181 SP

DOCUMENT # M98000001378

1. Entity Name

PALLADIUM EMPLOYEE COMPANY, L.L.C.

FILED

00 FEB -1 PM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

ATTN: LEGAL DEPARTMENT  
5TH FLOOR 625 MADISON AVE.  
NEW YORK NY 10022

Mailing Address

ATTN: LEGAL DEPARTMENT  
5TH FLOOR 625 MADISON AVE.  
NEW YORK NY 10022

2. Principal Place of Business

*The Related Companies, L.P.*  
Suite, Apt. #, etc. *ATTN: Legal Dept*  
*625 Madison Avenue*

3. Mailing Address

*The Related Companies, L.P.*  
Suite, Apt. #, etc. *ATTN: Legal Dept*  
*625 Madison Avenue*

DO NOT WRITE IN THIS SPACE

City & State

*new york, ny*

City & State

*new york, ny*

4. FEI Number

13-4033101

Applied For  
Not Applicable

Zip

*10022*

Country

*U.S.A.*

Zip

*10022*

Country

*U.S.A.*

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BURGER, MARTY  
625 MADISON AVENUE  
NEW YORK NY 10022 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MACLEOD, BRUCE  
625 MADISON AVENUE  
NEW YORK NY 10022 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1/24/01*

CR2E083 (11/00)