

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P28923

(1)

1. Corporation Name

RELATED CREDIT PROPERTIES, INC.



Principal Place of Business

Mailing Address

C/O THE RELATED COMPANIES, INC.  
625 MADISON AVENUE  
NEW YORK NY 10022

C/O THE RELATED COMPANIES, INC.  
625 MADISON AVENUE  
NEW YORK NY 10022

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/16/1990

3a. Date of Last Report

12/13/1995

4. FEI Number

13-3422799

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FREID, J. MICHAEL  
STREET ADDRESS 625 MADISON AVENUE  
CITY-STATE-ZIP NEW YORK NY  
☐ DELETE

TITLE VD  
NAME MUNSON, D. GARRY  
STREET ADDRESS 625 MADISON AVENUE  
CITY-STATE-ZIP NEW YORK NY  
☐ DELETE

TITLE VD  
NAME HIRMES, ALAN P  
STREET ADDRESS 625 MADISON AVENUE  
CITY-STATE-ZIP NEW YORK NY  
☐ DELETE

TITLE VD  
NAME BOESKY, STUART J  
STREET ADDRESS 625 MADISON AVENUE  
CITY-STATE-ZIP NEW YORK NY  
☐ DELETE

TITLE SD  
NAME MCMAHON, LYNN A  
STREET ADDRESS 625 MADISON AVENUE  
CITY-STATE-ZIP NEW YORK NY  
☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lynd A. McMahon*

2/29/96

212-421-5833

CR2E034 (12/95)