


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P35957 1. Entity Name M.D. SASS REALTY CORP.						
Principal Place of Business % REAL ESTATE CAPITAL PARTNERS 1185 AVE OF THE AMERICAS NEW YORK NY 10036 US			Mailing Address % REAL ESTATE CAPITAL PARTNERS 1185 AVE OF THE AMERICAS NEW YORK NY 10036 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				100034141051 04/27/04--01078--010 **150.00		
				City	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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINNEY, ROBERT L.			NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS			STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEWER, KARIN E.			NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS			STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMLE, HUGH R.			NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS			STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, ROBERT J			NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS			STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SASS, MARTIN D.			NAME		
STREET ADDRESS	1185 AVE OF THE AMERICAS			STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 20 PM 1:33



MOORE CR2E034 (11/03)

4. FEI Number **13-3637715** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete	
NAME	KINNEY, ROBERT L.	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD <input type="checkbox"/> Delete	
NAME	SHEWER, KARIN E.	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD <input type="checkbox"/> Delete	
NAME	LAMLE, HUGH R.	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S <input type="checkbox"/> Delete	
NAME	MCGEE, ROBERT J	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD <input type="checkbox"/> Delete	
NAME	SASS, MARTIN D.	
STREET ADDRESS	1185 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karin Shewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

Daytime Phone #