
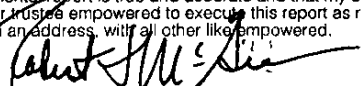


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90033 004 ***150.00

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 Real Estate Capital Partners, L.P. Suite, Apt. #, etc. 114 West 47th Street, 23rd Floor City & State New York, N.Y. Zip 10036-1508		3. Mailing Address Real Estate Capital Partners, L.P. Suite, Apt. #, etc. 114 West 47th Street, 23rd Floor City & State New York, N.Y. Zip 10036-1508		4. FEI Number 07062006 Chg-P CR2E034 (11/05) 13-3637715 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINNEY, ROBERT L. <input type="checkbox"/> Delete 1185 AVE OF THE AMERICAS NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman - Kinney, Robert L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47th Street, 23rd Flr New York, N.Y. 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEWER, KARIN E. <input type="checkbox"/> Delete 1185 AVE OF THE AMERICAS NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Karin E. Shewer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47th Street, 23rd Flr New York, N.Y. 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMLE, HUGH R. <input checked="" type="checkbox"/> Delete 1185 AVE OF THE AMERICAS NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Doocy, Paul J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47th Street, 23rd Flr New York, N.Y. 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MC GEE, ROBERT J <input type="checkbox"/> Delete 1185 AVE OF THE AMERICAS NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST - McGee, Robert J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47th Street, 23rd Flr New York, N.Y. 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SASS, MARTIN D. <input checked="" type="checkbox"/> Delete 1185 AVE OF THE AMERICAS NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  8/31/06 212-655-4393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					