FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:42

DOCUMENT # **P37876** **(0)**

1. Corporation Name

M.D. SASS REALTY CORP. II

Principal Place of Business	Mailing Address
% REAL ESTATE CAPITAL PARTNERS 1185 AVE OF THE AMERICAS NEW YORK NY 10036 US	% REAL ESTATE CAPITAL PARTNERS 1185 AVE OF THE AMERICAS NEW YORK NY 10036 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/12/1992**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **13-3650454** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	SASS, MARTIN D.	12 NAME	
STREET ADDRESS	1185 AVE OF THE AMERICAS	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	KINNEY, ROBERT L.	22 NAME	
STREET ADDRESS	1185 AVE OF THE AMERICAS	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	SHEWER, KARIN E.	32 NAME	
STREET ADDRESS	1185 AVE OF THE AMERICAS	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	LAMLE, HUGH R.	42 NAME	
STREET ADDRESS	1185 AVE OF THE AMERICAS	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	WINTER, MARTIN E.	52 NAME	
STREET ADDRESS	1185 AVE OF THE AMERICAS	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	STONE, FRED M.	62 NAME	
STREET ADDRESS	1185 AVE OF THE AMERICAS	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	

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)(i), 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: K Shewer KARIN E. SHEWER 3/21/95 (212) 843-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0994421 FP