

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90380 032 ***158.75

DOCUMENT # P40710

1. Entity Name
RCMP MANAGEMENT, INC.



Principal Place of Business
ATTN: LESLEY BENJAMIN
% THE RELATED CO., 625 MADISON AVE.
NEW YORK, NY 10022

Mailing Address
ATTN: LESLEY BENJAMIN
% THE RELATED CO., 625 MADISON AVE.
NEW YORK, NY 10022

40061610



2. Principal Place of Business

close Related Companies

Suite, Apt. #, etc.
60 Columbus Circle

City & State
New York, NY

Zip
10023

3. Mailing Address

c/o The Related Companies

Suite, Apt. #, etc.
60 Columbus Circle

City & State
New York, NY

Zip
10023

03232005 Chg-P CR2E034 (10/03)

4. FEI Number
13-3644948

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
WINE, DAVID J.
625 MADISON AVENUE
NEW YORK, NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MCGUIRE, SUSAN J.
625 MADISON AVENUE
NEW YORK, NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROSS, STEPHEN M.
625 MADISON AVENUE
NEW YORK, NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
BRENNER, MICHAEL
625 MADISON AVENUE
NEW YORK, NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BLAU, JEFF T
625 MADISON AVENUE
NEW YORK, NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRODSKY, JEFFREY
625 MADISON AVENUE
NEW YORK, NY 10022 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
WINE, DAVID J.
60 Columbus Circle
New York, NY 10023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Susan J. McGuire
60 Columbus Circle
New York, NY 10023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Stephen M. Ross
60 Columbus Circle
New York, NY 10023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
Michael J. Brenner
60 Columbus Circle
New York, NY 10023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Jeff T. Blau
60 Columbus Circle
New York, NY 10023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Jeffrey Brodsky
60 Columbus Circle, New York NY
10023 ☒ Change ☐ Addition

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:

Susan J. McGuire

3/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #