


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P40710 1. Entity Name RCMP MANAGEMENT, INC.	
---	---

Principal Place of Business C/O RELATED COMPANIES 60 COLUMBUS CIR NEW YORK, NY 10023	Mailing Address C/O RELATED COMPANIES 60 COLUMBUS CIR NEW YORK, NY 10023
---	---



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3644948	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000915100 05/09/08-80001-003 155.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WINE, DAVID J. 60 COLUMBUS CIR NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGUIRE, SUSAN J 60 COLUMBUS CIR NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, STEPHEN M 60 COLUMBUS CIR NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BRENNER, MICHAEL 60 COLUMBUS CIR NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAU, JEFF T 60 COLUMBUS CIR NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODSKY, JEFFREY 60 COLUMBUS CIR NEW YORK, NY 10023

DO NOT WRITE IN THIS SPACE

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:  Susan J. McGuire 3/5/08 212 421 5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #