2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				Apr 22, 2008 08:0 Secretary of St			
DOCUI 1. Entity Nam RCMP, IN					3	ecretary of	51
Principal Place of Business C/O THE RELATED COMPANIES 60 COLUMBUS CIRCLE NEW YORK, NY 10023		Mailing Address C/O THE RELATED COMPANIES 60 COLUMBUS CIRCLE NEW YORK, NY 10023			III BENG NENG STELSKE SI		1
DO NOT WRITE IN THIS SPACE			CF.	03052008	No Chg-P	CR2E034 (11/05)	
			UL	4. FEI Number 13-3627		Applied For Not Applica	
				5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent					īp:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				DO IN T	NOT WR HIS SP4	IITE CE	
	named entity submits this statement for thi	e purpose of changing its register	ed office or register	ed agent, or both	, in the State of Florid	a. I am familiar with, and acco	ept
_	iions oi registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered			d Agent signature required	when remstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5. Trust Fund Contribution.		.00 May Be ed to Fees	000000915099 05/09/08-80001-002 155.00		
10.	OFFICERS AND DIF	RECTORS	, ,		April 1900 To the state of the		
NAME STREET ADDRESS CITY-ST-ZIP	ROSS, STEPHEN M 60 COLUMBUS CIRCLE NEW YORK, NY 10023						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGUIRE, SUSAN 60 COLUMBUS CIRCLE NEW YORK, NY 10023						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP ANGELO, GENE 60 COLUMBUS CIRCLE NEW YORK, NY 10023			DO.	NOT WE	RITE.	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP BLAU, JEFF T 60 COLUMBUS CIRCLE NEW YORK, NY 10023			INT	HIS SPA	(CE	* * * * * * * * * * * * * * * * * * *
TITLE NAME STREET ADDRESS							

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 212.421.5333

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