

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003151

Entity Name: HK NEW PLAN ERP PROPERTY HOLDINGS, LLC**Current Principal Place of Business:**450 LEXINGTON AVENUE
13TH FLOOR
NEW YORK, NY 10017**Current Mailing Address:**450 LEXINGTON AVENUE
13TH FLOOR
NEW YORK, NY 10017 US**FEI Number:** 37-1450247**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name EXCEL REALTY PARTNERS, L.P.
Address 450 LEXINGTON AVENUE
13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title PRESIDENT, CEO
Name TAYLOR , JAMES M.
Address 450 LEXINGTON AVENUE
13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP, CFO, TREASURER
Name AMAN, ANGELA
Address 450 LEXINGTON AVENUE
13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP, SECRETARY
Name SIEGEL, STEVEN
Address 450 LEXINGTON AVENUE
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City-State-Zip: NEW YORK NY 10017

Title EVP
Name HORGAN, MARK
Address 450 LEXINGTON AVENUE
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City-State-Zip: NEW YORK NY 10017

Title EVP
Name MOSS, MICHAEL
Address 450 LEXINGTON AVENUE
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City-State-Zip: NEW YORK NY 10017

Title EVP
Name SINGH, CAROLYN
Address 450 LEXINGTON AVENUE
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Title EVP
Name FINNEGAN, BRIAN
Address 450 LEXINGTON AVENUE
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Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN SIEGEL**AUTHORIZED PERSON****04/26/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title EVP
Name LITZLER, THOMAS
Address 450 LEXINGTON AVENUE
13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP
Name VENDER, DAVID
Address 450 LEXINGTON AVENUE
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Title EVP
Name WOOD , MICHAEL
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Title SR. VP
Name GERSTENHABER, DAVID
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Title SR. VP
Name SLATER, STACY
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Title EVP
Name MOORE , KRISTEN
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Title SR. VP
Name CREEKMORE, TONYA
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Title SR. VP
Name PIPPIS, JAMES
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Title SR. VP
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