

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000001460

**Entity Name:** ERT 163RD STREET MALL, LLC

**Current Principal Place of Business:**

450 LEXINGTON AVENUE  
13TH FLOOR  
NEW YORK, NY 10017

**FILED**  
**Feb 01, 2019**  
**Secretary of State**  
**0068463797CC**

**Current Mailing Address:**

450 LEXINGTON AVENUE  
13TH FLOOR  
NEW YORK, NY 10017 US

**FEI Number: 33-0831382**

**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 CENTRO NP ERT LLC  
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 TREASURER, EVP, CFO  
Name AMAN, ANGELA  
Address 450 LEXINGTON AVENUE  
13TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title EVP, SECRETARY, GC  
Name SIEGEL, STEVEN  
Address 450 LEXINGTON AVENUE  
13TH FLOOR  
City-State-Zip: NEW YORK NY 10017

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

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

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

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

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*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**

**SECRETARY**

**02/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

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

Title EVP  
Name BROWN, WILLIAM  
Address 450 LEXINGTON AVENUE  
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Title EVP  
Name BUCHAKJIAN, HAIG  
Address 450 LEXINGTON AVENUE  
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City-State-Zip: NEW YORK NY 10017

Title SR. VP  
Name KAUFMAN, STEVEN  
Address 450 LEXINGTON AVENUE  
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Title SR. VP  
Name STEIN, HELANE  
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Title SR. VP  
Name GUHEEN, RYAN  
Address 450 LEXINGTON AVENUE  
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Title SR. VP  
Name WHITE, JASON  
Address 450 LEXINGTON AVENUE  
13TH FLOOR  
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Title ASST SECRETARY  
Name BENNISON, PATRICK  
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Title EVP  
Name RODENSTEIN, BARRY  
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Title EVP  
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Title SR. VP  
Name GALLAGHER, STEVEN  
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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 SVP  
Name MOORE, KRISTEN  
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Title SR. VP  
Name CREEKMORE, TONYA  
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Title SR. VP  
Name PIPPIS, JAMES  
Address 450 LEXINGTON AVENUE  
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Title SVP  
Name BRYDZINSKI, KEVIN  
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