

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001410

**Entity Name:** G&E REAL ESTATE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

499 PARK AVENUE  
NEW YORK, NY 10022

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC9082751803**

**Current Mailing Address:**

499 PARK AVENUE  
NEW YORK, NY 10022 US

**FEI Number: 45-4867781**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title SECRETARY/EVP/GENERAL  
COUNSL/CHIEF LEGAL OFFICER  
Name MERKEL, STEPHEN M  
Address 499 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title AUTHORIZED REPRESENTATIVE  
Name MALETSKY, RICHARD A  
Address 125 PARK AVENUE  
City-State-Zip: NEW YORK NY 10017

Title PRESIDENT/CEO, DIRECTOR  
Name LUTNICK, HOWARD W.  
Address 499 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title TAX DIRECTOR  
Name FICARRO, JAMES  
Address 125 PARK AVE  
City-State-Zip: NEW YORK NY 10017

Title VP, DIRECTOR  
Name LEHRMAN, MICHAEL  
Address 125 PARK AVENUE  
City-State-Zip: NEW YORK NY 10017

Title VP, TAX COUNSEL/ASSISTANT  
SECRETARY  
Name WAIZER, HARRY  
Address 110 EAST 59TH ST  
City-State-Zip: NEW YORK NY 10022

Title VP  
Name PENNAY, LORI  
Address 499 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title VICE PRESIDENT/ASST  
SECRETARY/ASST GENERAL  
COUNSEL  
Name KOSTER, CAROLINE  
Address 110 EAST 59TH ST  
City-State-Zip: NEW YORK NY 10022

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES FICARRO**

**AUTH. PERSON**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date