

2015 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000001023

Entity Name: W R C PROPERTIES, LLC

Current Principal Place of Business:

730 THIRD AVE
NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVE
NEW YORK, NY 10017

FEI Number: 51-0141732

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

Authorized Person(s) Detail :

Title MGR
Name GARBUTT, THOMAS
Address 730 THIRD AVE
City-State-Zip: NEW YORK NY 10017

Title MGR
Name CASIMIR, GERALD
Address 730 THIRD AVE
City-State-Zip: NEW YORK NY 10017

Title MGR
Name MCANDREWS, PHILIP J
Address 730 THIRD AVE
City-State-Zip: NEW YORK NY 10017

Title SECRETARY
Name PIERRE-MERRITT, MARJORIE
Address 730 THIRD AVE
City-State-Zip: NEW YORK NY 10017

Title ASST. SECRETARY
Name CRAWFORD, MICHAEL
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title ASST. SECRETARY
Name YACOVETTA, MARK
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title ASST. SECRETARY
Name SIMPKINS, BRAD
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title ASST. SECRETARY
Name RAGLAND, JOHN
Address 850 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

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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: MARJORIE PIERRE-MERRITT

SECRETARY

06/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name MENDEZ, ILEANA
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title ASST. SECRETARY
Name ACOSTA, JANET
Address 730 THIRD AVE
City-State-Zip: NEW YORK NY 10017