2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000001023

Entity Name: W R C PROPERTIES, LLC

Current Principal Place of Business:

730 THIRD AVE MS: 730/12/02 NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVE MS: 730/12/02 NEW YORK, NY 10017 US

FEI Number: 51-0141732

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

Authorized Person(s) Detail :

	reison(s) Detail.		
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	SIMPKINS, BRAD	Name	RAGLAND, JOHN
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	ACOSTA, JANET	Name	BAIR, SHARON
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title Name	AUTHORIZED REPRESENTATIVE CORNUKE, JOHN	Title Name Address	AUTHORIZED REPRESENTATIVE HANCOCK, ALEXANDER 730 THIRD AVE
Name Address	CORNUKE, JOHN 730 THIRD AVE	Name Address	HANCOCK, ALEXANDER 730 THIRD AVE NEW YORK NY 10017 AUTHORIZED REPRESENTATIVE COHEN, DONNA 730 THIRD AVE

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: MARTINA DAVIS

SECRETARY

07/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jul 26, 2018 Secretary of State CC2870208156

Certificate of Status Desired: No

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	FISK, MICHAEL	Name	GIRALDO, RANDY
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	HERTER, W. BEH	Name	JOSEPH, JILLIAN
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	MARTIN, MANUEL	Name	MILLER, NANCY
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	MILLER, WILLIAM	Name	PIERRE-MERRITT, MARJORIE
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	STEFFENS, GABRIEL	Name	WEINDLING, FRANCESCA
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED MEMBER
Name	CIFELLI, NICHOLAS	Name	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE, SECRETARY	Title	AUTHORIZED REPRESENTATIVE
Name	DAVIS , MARTINA	Name	DE ALCANTARA, ADRIANNA
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED SIGNER
Name	GRIMALDI, ANTHONY	Name	RUSSO, CHARLES C.
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	MS: 730/12/02 NEW YORK NY 10017