ILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 309840 (7)

1. Corporation Name
W W INTERESTS INC

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 0751 W. BROWARD BLVD. PLANTATION FL 33324	% C T CORPORATION SYSTEM 0751 W. BROWARD BLVD. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/10/1966
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 21-0590830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☒ Addition
NAME	ANTRIM, ALAN	12 NAME	TROAST, ARTHUR	
STREET ADDRESS	609 SUSSEX RD	13 STREET ADDRESS	309 W. 104TH STREET, 9B	
CITY ST ZIP	WYNNEWOOD PA	14 CITY ST ZIP	NEW YORK, NY 10025	
TITLE	VPS	21 TITLE		☐ Change ☐ Addition
NAME	YOUNG,ANDREW B	22 NAME		
STREET ADDRESS	2600 ONE COMMERCE SQ	23 STREET ADDRESS		
CITY ST ZIP	PHILADELPHIA PA	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	NICHOLSON, S. FRANCIS	32 NAME		
STREET ADDRESS	KENDALL AT LONGWOOD	33 STREET ADDRESS		
CITY ST ZIP	KENNETT SQ PA	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	AUCHTER,THOMAS J	42 NAME		
STREET ADDRESS	305 MUNN LANE	43 STREET ADDRESS		
CITY ST ZIP	CHERRY HILL NJ	44 CITY ST ZIP		
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, A RICHARD	52 NAME		
STREET ADDRESS	548 E MAIN STREET	53 STREET ADDRESS		
CITY ST ZIP	MOORESTOWN NJ	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	STILES, CAROL A	62 NAME		
STREET ADDRESS	365 HICKORY LN	63 STREET ADDRESS		
CITY ST ZIP	HADDONFIELD NJ	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Charles D. E. Bruno Vice Pres. 4-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

025A04 CF