ED	
M 9: 49	
OF STATE EE FLORIDA	
SPACE	
Applied For]
Not Applicable	į
\$8.75 Additional Fee Required	
Agent	1-
	1
Zip Code 32301	
101	
\$5.00 May Be Added to Fees	
D DIRECTORS IN 11	_
☐ Change ☐ Addition	CDOECON (EVOC
01128007	3
****750.00	Ü
☐ Change ☐ Addition	5
5958	
1128006	

\$000	UNIFORM BUSI	NESS REPO	RT (UBI	R)			1	
DOCU	MENT # 479635	¥.).W
	ER INTERNATIONAL DEVELO	PMENT CO.			F	FILE	n D	
	•				0.1			
Principal Plac	e of Business	Mailing Address	<u> </u>		OI MAI	R -8	MM 9: 1	49
	e Boulevard	5700 WILSHIRE BOULEVARD)		SECRE.	FARY n	E CTAT	·c
SUITE 575 LOS ANGELES CA 90036-3659		SUITE 575 LOS ANGELES CA 90036-3659			SECRETARY OF STATE TALLAHASSEE FLORIDA			
					1 (88)()	ANN BARN BIRN	OLDIS BIOSI O	1911 O(B)5 IB & 5
2. Principal P	face of Business	3. Mailing Address	· <u> </u>					
	lisbury Road	4655 Salisbury	Road		I SBRITT DIRIC JUDIA (BIJR BISER (410) (/III	#(B() #)#!! B)	1911 4 1811 1061
Suite, Apt. Suite 39		Suite, Apt. #, etc. Suite 399			DO NOT WRITE	IN THIS SP	ACE	
City & State	ville, FL	City & State	т	40	FEI Number 59-1633664	<u></u> .	_ 	plied For of Applicable
Zip	Country	Jacksonville, F	Country N		Out Out Desire		8.75 Add	
322		32256	30		Certificate of Status Desired	☐ Fe	e Require	
	- 6. Name and Address of Current F	Registered Agent	Name		Name and Address of New Reg		ent	
СТ	CORPORATION SYSTEM	A S			tion Service Comp	any		
	T CORPORATION SYSTEM		Street A	ddress (P.O. E	lox Number is Not Acceptable)			
	O SOUTH PINE ISLAND ROAD			1201 Ha	ys Street			
PLANTATION FL 33324			City	Tallaha		FL	Zip Code	e 32301
9. The above	named entity submits this statement for	the purpose of changing its re	raistored office of				<u> </u>	<u> </u>
o. The above	named entity submits this statement for	the purpose of changing its re	gistered office of	registereti ag	ent, or both, in the state of Florid	/10.	10/	
SIGNATURE .	1/1/15/1		ryl Wiene			106	. /	
	Signature, typed or printed name of registered agent ar		Registered Agent signat		ainstating)	DATE		
	ration is eligible to satisfy its intangible	After SEPTEMBER 13,	FEE IS \$550.		10. Election Campaign Finan	cing	\$5.0	O May Be
	equirement and elects to do so. ia on back)	Make Check Payable			Trust Fund Contribution.			to Fees
11.	OFFICERS AND D	DIRECTORS	12.	AC	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	S IN 11
TITLE /	V	X Delete	TITLE	P/D	T Theres & March & Mar		Change	Addition
NAME STREET ADDRESS	MILLER, JAMES J. 5700 WILSHIRE BLVD STE 575		NAME STREET ADDRESS	Louis .	. 医蜗响038 : 52nd St re 3713/0	:> 1	128N	::::::::::::::::::::::::::::::::::::
CITY-ST-ZIP	LOS ANGELES CA 90036		CITY-ST-ZIP	New Yor	. J2Nd Stress 10 ve -k. NY 10 dh*d** 750	.00	k***75	9.00
TITLE	VAS	☐ Delete	TITLE	V/S	10017		Change ■	Addition
NAME	ROSS, JOHN E		NAME		5000038	515	95-	B
STREET ADDRESS CITY-ST-ZIP	4655 SALISBURY RD #399		STREET ADDRESS CITY-ST-ZIP	ļ	-03/13/0	11011	1280	106
TITLE	JACKSONVILLE FL 32256 D	▼ Delete	TITLE	EV/D	****1 <u>50</u>		除除第 <u>15</u> □ Change	X Addition
NAME	SUCHIL, SALLY	J. Delete	NAME		D. Fricklas	L	creatings	[M Modifibit
STREET ADDRESS	5700 WILSHIRE BLVD STE 575		STREET ADDRESS	1515 Br				
CITY-ST-ZIP	LOS ANGELES CA 90036		CITY-ST-ZIP		k, NY 10036			
TITLE	SVCF	🔀 Delete	TITLE	EV/D		C	Change	X Addition
NAME STREET ADDRESS	LANDSBAUM, ROSS G		NAME STREET ADDRESS		: G. Reynolds			i
STREET ADDRESS CITY-ST-ZIP	5700 WILSHIRE BLVD STE 575 LOS ANGELES CA 90036		CITY-ST-ZIP	1515 Br				
	AS	☑ Delete	TITLE	SV 101	k, NY 10036] Change	Addition Addition
NAME NAME	BOSWORTH, GREER C.	II Same	NAME	William	A. Roskin	_	Λ ~	~
STREET ADDRESS	5700 WILSHIRE BLVD STE 575		STREET ADDRESS	1515 Br	2		$r_{IJ} N_{J}$	1)
CITY-ST-ZIP	LOS ANGELES CA 90036		CITY-ST-ZIP	New Yor	k NY 10036		R // // R	

1 LUS ANGELES CA 90036

CITY-ST-ZIP

Pittsburgh. PA 15222

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 60%. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

PD

BACHMANN, PETER H

5700 WILSHIRE BLVD STE 575

John E. Ross, V.P.

X Delete

1/25/01

V/Controller

James F. Davis

11 Stanwix Street

904-281-4488

X Addition

Daytime Phone #

Attachment to 2000 Uniform Business Report for

12. Additions/Changes to Officers and Directors						
Title	V/AS	× Addition				
Name	Michelena Hallie					
Street Address	1515 Broadway					
City, State, Zip	New York, NY 10036					
Title	V/AS	× Addition				
Name	Mark C. Morril					
Street Address	1515 Broadway					
City, State, Zip	New York, NY 10036					
Title	V	× Addition				
Name	Jack Carpenter					
Street Address	1515 Broadway					
City, State, Zip	New York, NY 10036					
Title	V	× Addition				
Name	Robert G. Freedline					
Street Address	1515 Broadway					
City, State, Zip	New York, NY 10036					
Title	V	× Addition				
Name	Susan C. Gordon					
Street Address	1515 Broadway					
City, State, Zip	New York, NY 10036					
Title	V	× Addition				
Name	Victor S. Rappa	 .				
Street Address	1515 Broadway					
City, State, Zip .	New York, NY 10036_					
Title	AS	× Addition				
Name	Laura Franco					
Street Address	1515 Broadway					
City, State, Zip	New York, NY 10036_					
Title	AS	× Addition				
Name -	Donna A. Hoffman					
Street Address	4655 Salisbury Rd., Ste. 399					
City, State, Zip	Jacksonville, FL 32256					
Title	AS	× Addition				
Name	Katherine B. Rosenberg					
Street Address	1515 Broadway					
City, State, Zip	New York, NY 10036					
Title	AS	× Addition				
Name	llene W. Stack					
Street Address	1515 Broadway					
City, State, Zip	New York, NY 10036					

B. Tal ?