

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0618653 AT

DOCUMENT # **F01000003283**

1. Entity Name
WESTIN MANAGEMENT COMPANY EAST

04-08-2002 90076 018 ***150.00

Principal Place of Business
777 WESTCHESTER AVENUE
WHITE PLAINS NY 10604

Mailing Address
777 WESTCHESTER AVENUE
WHITE PLAINS NY 10604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
1111 Westchester Ave.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
2231 E. Camelback Rd.
Ste. 400
 City & State
Phoenix, AZ

Zip
85016

Country
USA

4. FEI Number **91-1877025**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. DELETIONS TO OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	DARNALL, THEODORE W	
STREET ADDRESS	777 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DONAT, MARSHALL J	
STREET ADDRESS	777 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LATHAM, JAMES D	
STREET ADDRESS	777 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, RONALD C	
STREET ADDRESS	777 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COTTER, ROBERT F	
STREET ADDRESS	777 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	D	<input type="checkbox"/> Delete
NAME	Renneth S. Siegel	
STREET ADDRESS	1111 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1111 Westchester Ave.	
CITY-ST-ZIP		
TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Morrow	
STREET ADDRESS	2231 E. Camelback Rd. Ste. 400	
CITY-ST-ZIP	Phoenix, AZ 85016	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dina F. Diagonale	
STREET ADDRESS	1111 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	
TITLE	VATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2231 E. Camelback Rd. Ste. 400	
CITY-ST-ZIP	Phoenix, AZ 85016	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff S. Drew	
STREET ADDRESS	2231 E. Camelback Rd. Ste. 400	
CITY-ST-ZIP	Phoenix, AZ 85016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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.

SIGNATURE: Peter Morrow **SIGNATURE REQUIRED** 3-26-02 (402) 852-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)