

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90001 045 \*\*\*550.00

**DOCUMENT # F04000001855**

1. Entity Name  
**WP STORAGE, INC.**



Principal Place of Business  
**466 LEXINGTON AVE.  
NEW YORK, NY 10017**

Mailing Address  
**466 LEXINGTON AVE.  
NEW YORK, NY 10017**

**50020100**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05172006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**13-4083294**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
PINCES, LIONEL I  
466 LEXINGTON AVE.  
NEW YORK, NY 10017** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PINCES, LIONEL I  
- SAME -** ☒ Change ☐ Addition  
~~(Correction)~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
VOGELSTEIN, JOHN L  
466 LEXINGTON AVE.  
NEW YORK, NY 10017** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
VOGELSTEIN, JOHN L  
466 LEXINGTON AVE.  
NEW YORK, NY 10017** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LEIBOWITZ, REUBEN S  
466 LEXINGTON AVE.  
NEW YORK, NY 10017** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LEIBOWITZ, REUBEN S  
- SAME -** ☒ Change ☐ Addition  
**(Correction)**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAPIDUS, SIDNEY  
466 LEXINGTON AVE.  
NEW YORK, NY 10017** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAPIDUS, SIDNEY  
466 LEXINGTON AVE.  
NEW YORK, NY 10017** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
AREUARE, SCOTT A  
466 LEXINGTON AVE.  
NEW YORK, NY 10017** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AREUARE, SCOTT A  
- SAME -** ☒ Change ☐ Addition  
**(Correction)**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CURT, TIMOTHY J  
466 LEXINGTON AVE.  
NEW YORK, NY 10017** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CURT, TIMOTHY J  
466 LEXINGTON AVE.  
NEW YORK, NY 10017** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/23/06**

Date

**212-878-6121**

Daytime Phone #