FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ·

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF'STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

F28585

Wolper Ross Ingham & Co.

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90058 025 ***158.75

Principal Place of Business	Mailing Address	
400 Park Avenue	400 Park Avenue	
New York, NY 10022	New York, NY 10022	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					Į.	04/06/1981			
Principal Place of Business	2a.	Mailing Address			4.	FEI Number			Applied For
	26					23-5085315			Not Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		•	75 Additional e Required
City & State	28	City & State				Election Campaign Financing Trust Fund Contribution		•	.00 May Be ded to Fees
Zip Country 25	29	Zip Co 30	untry	. <u></u>				_	₩No
9. Name and Address of Current F	egis	tered Agent			10.	Name and Address of New Registered	i Ag	ent	
CT Corporation System			81	Name					
1200 S. Pine Island Road			82	Street Addres	ss (P.	O. Box Number is Not Acceptable)			
Plantation, FL 33324									
			83	:		_			
			84	City		FL	_		Zip Code
	Suite, Apt. #, etc. City & State Zip Country 25 9. Name and Address of Current F CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324	Suite, Apt. #, etc. City & State Zip Country 25 29 9. Name and Address of Current Regis CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324	Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Suite, Apt. #, etc. 27 City & State 28 Zip Country Zip Country Sip Country April 29 Solution System 1200 S. Pine Island Road Plantation, FL 33324	26	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 S. City & State City & State 28 Country Zip Country 8. Zip	Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Trust Fund Contribution Zip Country 25 29 30 Country 8. This corporation owes the current year In Personal Property Tax. 9. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324 81 Road 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FI	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. 5c. Certificate of Status Desired 2c. City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. City & State City & State Country Zip Country Suite, Apt. #, etc. City & State City & State Country Zip Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City Status Desired Note Country Suite, Apt. #, etc. City Status Desired Note Country Suite, Apt. #, etc. City Status Desired Note Country Suite, Apt. #, etc. Suite, Apt. #, etc. City Status Desired Note Country Suite, Apt. #, etc. Suite	Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State 28 Zip Country Zip Country 29 Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324 84 City Address 4. FEI Number 59-2082912 59. Certifcate of Status Desired Fe 6. Election Campaign Financing Intust Fund Contribution Address of Current year Intangible Personal Property Tax. 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

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	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	gistered Agent signature req	ulifed when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME	Ross, Mark E.	1.2 NAME	
STREET ADDRESS	400 Park Avenue, 18th Floor	1.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10022	14 CiTY-ST-ZIP	
TITLE	T DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Baker, Bradley C.	2.2 NAME	
STREET ADDRESS	400 Park Avenue, 18th Floor	2.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10022	2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	· - ~
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME.		4. 2 NAMÉ	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(212) 355-5566

Daytime Phone #

CR2E034 (11/98)