

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000755

1. Entity Name

WCI/AMLAW, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90020 039 \*\*\*150.00

Principal Place of Business

Mailing Address

75 ROCKEFELLER PLAZA  
C/O MARIE WHITE 25TH FLOOR  
NEW YORK NY 10019  
US

C/O MARIE WHITE  
75 ROCKEFELLER PLAZA, 25TH FLOOR  
NEW YORK NY 10019-6908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3522302

Applied For

Not Applicable

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME HAJE, PETER  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY

TITLE P/D ☒ Change ☐ Addition  
NAME BOGART, CHRISTOPHER P.  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK, NEW YORK 10019

TITLE VP ☐ Delete  
NAME HAYS, SPENCER B  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME WHITE, MARIE  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Delete  
NAME BRESSLER, RICHARD J  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY

TITLE SV/T/D ☒ Change ☐ Addition  
NAME RIPP, JOSEPH A.  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK, NEW YORK 10019

TITLE S ☐ Delete  
NAME ALISON STOLZMAN  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: MARIE N. WHITE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/00  
Date

212.484.7596  
Daytime Phone #

CR2E034 (9/99)