

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000755

1. Entity Name

WCI/AMLAW, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

75 ROCKEFELLER PLAZA

Suite, Apt. #, etc.

C/O JANICE CANNON

City & State
NEW YORK, NY

Zip

10019

Country

USA

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, 2001 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 BOGART, CHRISTOPHER P
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10019

TITLE PD ☒ Change ☐ Addition
NAME CAPPUCCIO, PAUL T
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 AS ☒ Change ☐ Addition
NAME WAXENBERG, SUSAN
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK, NEW YORK 10019

TITLE SVTD ☒ Delete
NAME RIPP, JOSEPH A
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10019

TITLE T ☒ Change ☐ Addition
NAME MURPHY, RAYMOND
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 D ☐ Change ☒ Addition
NAME BARGE, JAMES W.
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK, NEW YORK 10019

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: Susan A. Waxenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN A. WAXENBERG, ASST. SECY 04/30/01

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90045 004 ***150.00

047507



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)