

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2001 90045 004 \*\*\*150.00

**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**

**047507**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BOGART, CHRISTOPHER P<br>75 ROCLEFELLER PLAZA<br>NEW YORK NY 10019 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HAYS, SPENCER B<br>75 ROCKEFELLER PLAZA<br>NEW YORK NY 10019       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>WHITE, MARIE<br>75 ROCKEFELLER PLAZA<br>NEW YORK NY                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVTD<br>RIPP, JOSEPH A<br>75 ROCKEFELLER PLAZA<br>NEW YORK NY 10019      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ALISON STOLZMAN<br>75 ROCKEFELLER PLAZA<br>NEW YORK NY 10019        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CAPPUCCIO, PAUL T<br>75 ROCKEFELLER PLAZA<br>NEW YORK, NEW YORK 10019 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>WAXENBERG, SUSAN<br>75 ROCKEFELLER PLAZA<br>NEW YORK, NEW YORK 10019  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MURPHY, RAYMOND<br>75 ROCKEFELLER PLAZA<br>NEW YORK, NEW YORK 10019    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BARGE, JAMES W.<br>75 ROCKEFELLER PLAZA<br>NEW YORK, NEW YORK 10019    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 **SUSAN A. WAXENBERG, ASST. SECY** 04/30/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)