

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90074 043 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

F93000000755  
WCI/AMLAW, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

75 ROCKEFELLER PLAZA

3. Mailing Address

% JANICE CANNON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

75 ROCKEFELLER PLAZA

DO NOT WRITE IN THIS SPACE

City & State  
NEW YORK, NY

City & State  
NEW YORK, NY

4. FEI Number  
13-3522302

Applied For  
Not Applicable

Zip  
10019

Country  
USA

Zip  
10019

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND RD.

City  
PLANTATION

FL

Zip Code  
33324

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
BARGE, JAMES W  
75 ROCKEFELLER PLAZA  
NEW YORK, NY 10019

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
AS  
CANNON, JANICE  
75 ROCKEFELLER PLAZA  
NEW YORK, NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
AT  
SOLOMON, JAMES M  
75 ROCKEFELLER PLAZA  
NEW YORK, NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

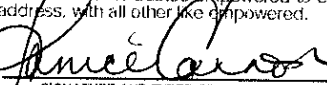
TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  JANICE CANNON 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)