

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90324 041 \*\*\*158.75

**DOCUMENT # F9300000755**

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 JANICE CANNON  
75 ROCKEFELLER PLAZA, 25TH FLOOR  
NEW YORK, NY 10019



2. Principal Place of Business  
ONE TIME WARNER CENTER

3. Mailing Address &  
JANICE CANNON  
ONE TIME WARNER CENTER

Suite, Apt. #, etc.  
14TH FL LEGAL DEPARTMENT

04282004 Chg-P CR2E034 (10/03)

City & State  
NEW YORK, NY

4. FEI Number  
13-3522302

Applied For  
Not Applicable

Zip  
10019

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAPPUCCIO, PAUL T	
STREET ADDRESS	ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HAYS, SPENCER B	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CANNON, JANICE	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MURPHY, RAYMOND G	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALISON STOLZMAN	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SOLOMON, JAMES M	
STREET ADDRESS	75 ROCKEFELLER PLAZA5	
CITY-ST-ZIP	NEW YORK, NY 10019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPUCCIO, PAUL T.	
STREET ADDRESS	ONE TIME WARNER CENTER	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, SPENCER B.	
STREET ADDRESS	ONE TIME WARNER CENTER	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, JANICE	
STREET ADDRESS	ONE TIME WARNER CENTER	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VT5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, RAYMOND G.	
STREET ADDRESS	ONE TIME WARNER CENTER	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLZMAN, ALISON	
STREET ADDRESS	ONE TIME WARNER CENTER	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, JAMES M.	
STREET ADDRESS	ONE TIME WARNER CENTER	
CITY-ST-ZIP	NEW YORK, NY 10019	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *James M. Solomon* JAMES M. SOLOMON

4/29/04  
Date

Daytime Phone #