

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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

04-30-2004 90324 041 ***158.75

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

2. Principal Place of Business
ONE TIME WARNER CENTER

3. Mailing Address &
ONE TIME WARNER CENTER

Suite, Apt. #, etc.

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

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State
NEW YORK, NY

4. FEI Number

13-3522302

Applied For

Not Applicable

Zip

Country

Zip

Country

10019

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

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

(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 ☐ Delete
NAME CAPPUCCIO, PAUL T
STREET ADDRESS ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK, NY 10019

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

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

TITLE VT ☐ Delete
NAME MURPHY, RAYMOND G
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK, NY 10019

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

TITLE AT ☐ 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 ☒ Change ☐ Addition
NAME CAPPUCCIO, PAUL T.
STREET ADDRESS ONE TIME WARNER CENTER
CITY-ST-ZIP NEW YORK, NY 10019

TITLE SVP ☒ Change ☐ Addition
NAME HAYS, SPENCER B.
STREET ADDRESS ONE TIME WARNER CENTER
CITY-ST-ZIP NEW YORK, NY 10019

TITLE AS ☒ Change ☐ Addition
NAME CANNON, JANICE
STREET ADDRESS ONE TIME WARNER CENTER
CITY-ST-ZIP NEW YORK, NY 10019

TITLE VT5 ☒ Change ☐ Addition
NAME MURPHY, RAYMOND G.
STREET ADDRESS ONE TIME WARNER CENTER
CITY-ST-ZIP NEW YORK, NY 10019

TITLE S ☒ Change ☐ Addition
NAME STOLZMAN, ALISON
STREET ADDRESS ONE TIME WARNER CENTER
CITY-ST-ZIP NEW YORK, NY 10019

TITLE AT ☒ Change ☐ 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #