


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90032 020 ***158.75

DOCUMENT # F93000000755					
1. Entity Name WCI/AMLAW, INC.					
Principal Place of Business ONE TIME WARNER CENTER C/O MARIE WHITE 25TH FLOOR NEW YORK, NY 10019 US			Mailing Address ONE TIME WARNER CENTER, 14TH FL 75 ROCKEFELLER PLAZA, 25TH FLOOR NEW YORK, NY 10019		
2. Principal Place of Business - No P.O. Box # ONE TIME WARNER CENTER		3. Mailing Address ONE TIME WARNER CENTER			
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o J. CANNON, LEGAL DEPT 14TH FL			
City & State NEW YORK, NY		City & State NEW YORK, NY		4. FEI Number 13-3522302	
Zip 10019		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPPUCCIO, PAUL T ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARGE, JAMES W ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MURPHY, RAYMOND G ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALISON STOLZMAN ONE TIME WARNER CENTER NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAMBOUR, ANNALIESE S. ONE TIME WARNER CENTER NEW YORK, NY 10019	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOLOMON, JAMES M ONE TIME WARNER CENTER NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Janice Cannon</u> JANICE CANNON, ASST. SECRETARY 4/30/2007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40111132

