

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90161 002 ***150.00

0000691 AV

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

2. Principal Place of Business

3. Mailing Address

% JANICE CANNON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

75 ROCKEFELLER PLAZA

City & State

City & State
NEW YORK, NY 10019

4. FEI Number

13-3522302

Applied For

Not Applicable

Zip

Country

Zip

Country

10019

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD
NAME CAPPUCCIO, PAUL T.
STREET ADDRESS ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK, NY 10019 ☒ Change ☐ Addition

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

TITLE SENIOR VP
NAME HAYS, SPENCER B.
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK, NY 10019 ☒ Change ☐ Addition

TITLE AS
NAME WHITE, MARIE
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY ☒ Delete

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

TITLE SVTD
NAME RIPP, JOSEPH A
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10019 ☒ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Janice Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE CANNON 4/24/03 212-484-6503

Date

Daytime Phone #

CR2E034 (10/02)