

**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

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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
Suite, Apt. #, etc.

3. Mailing Address
**% JANICE CANNON
75 ROCKEFELLER PLAZA**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NEW YORK, NY 10019

4. FEI Number
13-3522302

Applied For
Not Applicable

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

Zip Country Zip Country
10019 USA

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOGART, CHRISTOPHER P 75 ROCLEFELLER PLAZA NEW YORK NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPPUCCIO, PAUL T. ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYS, SPENCER B 75 ROCKEFELLER PLAZA NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VP HAYS, SPENCER B. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHITE, MARIE 75 ROCKEFELLER PLAZA NEW YORK NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CANNON, CJANICE 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD RIPP, JOSEPH A 75 ROCKEFELLER PLAZA NEW YORK NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MURPHY, RAYMOND G. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALISON STOLZMAN 75 ROCKEFELLER PLAZA 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	AT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOLOMON, JAMES M. 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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** 4/24/03 212-484-6503
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)