

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000002866 (2)**

1. Corporation Name

**WS INVESTMENT MANAGEMENT CORP.**



Principal Place of Business

Mailing Address

**C/O BRANNEN/GODDARD COMPANY  
3101 TOWERCREEK PARKWAY, SUITE 250  
ATLANTA GA 30339**

**C/O BRANNEN/GODDARD COMPANY  
3101 TOWERCREEK PARKWAY, SUITE 250  
ATLANTA GA 30339**

3. Date Incorporated or Qualified  
**06/21/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **C/O Brannen/Goddard Company**  
State, Apt. #, etc.

26 **C/O Brannen/Goddard Company**  
Suite, Apt. #, etc.

22 **3390 Peachtree Rd., NE Ste 1200**  
City & State

27 **3390 Peachtree Rd., NE Ste 1200**  
City & State

23 **Atlanta, GA**  
Zip

28 **Atlanta, GA**  
Zip

24 **30326-1108** 25 **US**

29 **30326-1108** 30 **US**

4. FEI Number

**13-7002087**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

81 Name **Corporation Svc. Co.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays St.**

83

84 City **Tallahassee** FL 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state it is acceptable

(NOTE: Registered Agent signature required when re-registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PTCD TSCHIRA, KLAUS**  
STREET ADDRESS **C/O MAX-PLANCK-STRASSE 8, D6909**  
CITY-ST-ZIP **WALDORF/BADEN, GERMANY**

TITLE ☐ DELETE  
NAME **VS HASSELS-WEILER, EKKEHART**  
STREET ADDRESS **885 THIRD AVENUE, 24TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Add on  
2.2 NAME **VS**  
2.3 STREET ADDRESS **Hassels-Weiler, Ekkehart**  
2.4 CITY-ST-ZIP **3628 Holboro Drive Los Angeles, CA 90027**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **400001786954**  
5.3 STREET ADDRESS **-04/19/96--01026--017**  
5.4 CITY-ST-ZIP **\*\*\*200.00**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **7/7/96**  
6.3 STREET ADDRESS **3-20-96**  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**E. Hasselsweiler**

**2/9/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

**SC 41-19-96**

CR2E034 (12/95)