·2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am § F94000002486 DOCUMENT # **Secretary of State** 1. Entity Name WALTON STREET REAL ESTATE, INC. 03-13-2002 90118 029 ***150.00 Mailing Address Principal Place of Business C/O GROSVENOR INT'L (ATLANTIC) LIMITED C/O GROSVENOR INT'L (ATLANTIC) LIMITED 1701 PENNSYLVANIA AVENUE NW 1701 PENNSYLVANIA AVENUE NW WASHINGTON DC 20006 WASHINGTON DC 20006 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 52-1648185 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORP SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD **PLANTATION FL 33324** Zip Code City FL 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 TOYOUT ECON ONE ENDING IND SIGNATURE Signature typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition Delete TITLE TITLE HAYWARD RALPH W. NAME NAME SEE ATTACHED FOR COMPLETE LIST ONE EMBARCADERO CENTER STE 3900 STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94111 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE. FLAVIN, JOHN. NAME NAME 1701 PENNSYLVANIA AVENUE NW SUITE 1050 STREET ADDRESS STREET ADDRESS WASHINGTON DC 20006 CITY-ST-ZIP CITY-ST-ZIP SD_ ☐ Change ☐ Addition ☐ Delete TITLE TITLE MILLER, DAVID L. NAME NAME 1650 TYSONS BLVD STREET ADDRESS STREET ADDRESS MC LEAN VA 22102 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE WASHBURN, MARCIA C NAME NAME 1701 PENNSYLVANIA AVE NW STE 1050 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WASHINGTON DC 20006** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE **ENGEL, JOHN** NAME NAME 2300 N STREET NW STREET ADDRESS STREET ADDRESS WASHINGTON DC CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ANDREW R. THREAD GOLD THOMAS DAVID G NAME NAME **55 BASINGHALL STREET** STREET ADDRESS STREET ADDRESS **LONDON EC2V 5DR ENGLAND** CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

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