FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

WHITE PLAINS NY

HOWERTON, HERMAN H

SAN FRANCISCO CA

1 CALIFORNIA ST SUITE 1400

VSGC



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9400006511 (9) DOCUMENT #

SFERS X REALTY CORPORATION

Principal Pla	ice of Business	Mailing Address							
			SUITE 1400 SAN FRANSISCO CA 94111-5415			DO NOT WRITE IN THIS SPACE			
U\$		US				 Date Incorporated or Qualified 12/20/1994 			
2. Principal 21	Place of Business	2a. Mailing Address 26			4. FEI Number 94-3214198		Applied For Not Applical		
Suite, Ap		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		75 Additional se Required	
City & Sta		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	30 Count	try			Yes	ar Intangible No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered	Agent		
	T CORPORATION SYSTEM	_	l ⁸	11	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street A		ess (P.O. Box Number is Not Acceptable)			
*1	LANIATION FL 33324		8	1					
			8	4	City	FL	85	Zip Code	
11. Pursuant office or agent. I	t to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob	1502 and 607.1508, Florida St ate of Florida. Such change w digations of, Section 607.0505	atules, the abovas authorized I Florida Statut	by tes.	named corporation	oration submits this statement for the purpose con's board of directors. I hereby accept the app	f chang pointme	ing its registered at as registered	
SIGNATURE	Signature, lyped or printed name of registered	great and title of anythrolds	(NOTE Registered A			d when reinstating) DATE			
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	Qen	signatura redurar	ADDITIONS/CHANGES TO OFFICERS AN	DIREC	CTORS IN 12	
TITLE	DCCF	DELETE				10011010,07111102010711	Cha		
NAME	FINELLI, WILLIAM A		1.2 NAM8	ŧ			-		
STREET ADDRESS ONE NORTH BROADWAY #500			1.3 STRE	1.3 STREET ADDRESS					
CITY-ST-ZIP	WHITE PLAINS NY		1.4 CITY-	-ST-	ZIP				
TITLE	AVPA	☐ DELETE	2.1 TITLE		1		☐ Cha	nge 🔲 Additi	
NAME	CHAPRO, KAREN K		2.2 NAME	E					
STREET ADDRESS	ONE NORTH BROADWAY	# 500	23 5186	FTAF	DDBESS				

☐ Addition MAXWELL, ROBERT D NAME 4.2 NAME 1 CALIFORNIA ST SUITE 1400 STREET ADDRESS 4.3 STFEET ADDRESS SAN FANCISCO CA CITY-ST-ZIP 4.4 CITY-ST-ZIP **DPCE** DELETE TITLE 5.1 TITLE Change Addition **ZUZACK, RONALD E** NAME 5.2 NAME 1 CALIFORNIA ST STREET ADDRESS 5.3 STREET ADDRESS SAN FRANCISCO CA CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition **TULLY, PATRICK J** NAME 6.2 NAME ONE NORTH BROADWAY #500 STREET ADDRESS 6.3 STREET ADDRESS WHITE PLAINS NY

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

DELETE

DELETE

6.4 CITY-ST-ZIP 14. 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 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.

HERMAN H. HOWERTON

☐ Change

Change

☐ Addition

FILED

Mar 02 1998 8:00am

Secretary of State