2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F95000000545** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name WESTSHORE REALTY HOLDING COMPANY 04-26-2000 90079 038 ***150.00 Principal Place of Business Mailing Address 23 WALL ST 23 WALL ST NEW YORK NY 10260-0023 NEW YORK NY 10260-1000 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3787445 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required , ; 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition PD Change TITLE ☐ Delete TIT! F GIFFORD, BENJAMIN G NAME NAME STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-7IP CITY-ST-ZIP NEW YORK NY 10260-0023 ☐ Change ☐ Addition ☐ Delete TITLE NAME ASTARITA, MICHAEL G STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023 ☐ Change Addition VASD Delete TITLE Giliberto Jr. S. Michael NAME SRADINER, DOUGLAS R NAME STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023 VASD ☐ Delete TITLE ☐ Change Addition TITLE OCHS, GEORGE L NAME NAME STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023 ☐ Change ☐ Addition TITLE VASD ☐ Delete NAME PFEIFFER, ANNE S NAME STREET ADDRESS STREET ADDRESS 23 WALL ST NEW YORK NY 10260-0023 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ats ☐ Delete TITLE NAME MANCUSO, ANNE NAME STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10260-0023**

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 attackment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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