

2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 17, 2001 8:00 am  
Secretary of State  
05-17-2001 91287 011 \*\*\*150.00

DOCUMENT # F95000000545  
Entity Name  
Westshore Realty Holding Company

Principal Place of Business  
C/O J.P. MORGAN INVESTMENT MGMT INC.  
522 FIFTH AVE. 19TH FLOOR  
NEW YORK NY 10022

Mailing Address  
C/O J.P. MORGAN INVESTMENT MGMT INC.  
522 FIFTH AVE. 19TH FLOOR  
NEW YORK NY 10022  
US

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number 13-3987445  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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. (NOTE: Registered Agent signature required when reinstating) DATE

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DVAS PFEIFFER, ANNE S 23 WALL STREET NEW YORK NY 10260-0023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DVPT ASTARITA, MICHAEL G 23 WALL STREET NEW YORK NY 10260-0023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VASD GILBERTO, S M 23 WALL STREET NEW YORK NY 10260-0023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VASD OCHS, GEORGE 23 WALL STREET NEW YORK NY 10260-0023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD GIFFORD, BENJAMIN G 23 WALL STREET NEW YORK NY 10260-0023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VPAS ASTARITA, MICHAEL G 23 WALL STREET NEW YORK NY 10260-0023

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gilberto, S m
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAT ANNE M. MANCUSO 23 wall street New York, NY 10260-0023

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: ANNE M. Mancuso 4/16/01 212-837-9396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #