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FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000006445 (8)

1. Corporation Name  
WS APARTMENTS, INC.



Principal Place of Business

Mailing Address

% METRIC REALTY  
ONE CALIFORNIA ST., STE. 1400  
SAN FRANCISCO CA 94111

% METRIC REALTY  
ONE CALIFORNIA ST., STE. 1400  
SAN FRANCISCO CA 94111-5415

3. Date Incorporated or Qualified

12/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 SSR REALTY ADVISORS, INC.

26 SSR REALTY ADVISORS, INC.

4. FEI Number

94-3255631

Applied For

Not Applicable

22 ONE CALIFORNIA STREET, #1400

ONE CALIFORNIA STREET, #1400

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

23 SAN FRANCISCO, CA 95111-5415

SAN FRANCISCO, CA 94111-5415

Trust Fund Contribution

Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

24

29

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DP  
FIDAMAN, ROBERT A  
STREET ADDRESS ONE CALIFORNIA ST., STE. 1400  
CITY-ST-ZIP SAN FRANCISCO CA 94111

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

TITLE ☐ DELETE  
NAME DV  
ZUZACK, RONALD E  
STREET ADDRESS ONE CALIFORNIA ST., STE. 1400  
CITY-ST-ZIP SAN FRANCISCO CA 94111

2.1 TITLE PCEOD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE ☒ DELETE  
NAME V  
KOROS, THEODORE P  
STREET ADDRESS ONE CALIFORNIA ST., STE. 1400  
CITY-ST-ZIP SAN FRANCISCO CA 94111

3.1 TITLE VPCFOT  
3.2 NAME Finelli, William A.  
3.3 STREET ADDRESS One North Broadway, Suite 500  
3.4 CITY-ST-ZIP White Plains, NY 10601  
☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME S  
HOWERTON, HERMAN H  
STREET ADDRESS ONE CALIFORNIA ST., STE. 1400  
CITY-ST-ZIP SAN FRANCISCO CA 94111

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

TITLE ☒ DELETE  
NAME T  
GIUSTI, MARGOT M  
STREET ADDRESS ONE CALIFORNIA ST., STE. 1400  
CITY-ST-ZIP SAN FRANCISCO CA 94111

5.1 TITLE AT  
5.2 NAME Maxwell, Robert D.  
5.3 STREET ADDRESS One California Street, Suite 1400  
5.4 CITY-ST-ZIP San Francisco, CA 94111  
☐ Change ☒ Addition

TITLE ☒ DELETE  
NAME V  
HOFFMANN, MICHAEL J  
STREET ADDRESS ONE CALIFORNIA ST., STE. 1400  
CITY-ST-ZIP SAN FRANCISCO CA 94111

6.1 TITLE AT  
6.2 NAME Tully, Patrick J.  
6.3 STREET ADDRESS One North Broadway, Suite 500  
6.4 CITY-ST-ZIP White Plains, NY 10601  
☐ Change ☒ Addition

14. I do 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

415/678-2000

Daytime Phone # 0011910

CR2E034 (9/96)