

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

**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**

27 **ONE CALIFORNIA STREET, #1400**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **SAN FRANCISCO, CA 95111-5415**

28 **SAN FRANCISCO, CA 94111-5415**

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FIDDAMAN, ROBERT A	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 1400	
CITY - ST - ZIP	SAN FRANCISCO CA 94111	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ZUZACK, RONALD E	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 1400	
CITY - ST - ZIP	SAN FRANCISCO CA 94111	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOROS, THEODORE P	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 1400	
CITY - ST - ZIP	SAN FRANCISCO CA 94111	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOWERTON, HERMAN H	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 1400	
CITY - ST - ZIP	SAN FRANCISCO CA 94111	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GIUSTI, MARGOT M	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 1400	
CITY - ST - ZIP	SAN FRANCISCO CA 94111	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMANN, MICHAEL J	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 1400	
CITY - ST - ZIP	SAN FRANCISCO CA 94111	

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PCEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VPCFOT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Finelli, William A.	
3.3 STREET ADDRESS	One North Broadway, Suite 500	
3.4 CITY - ST - ZIP	White Plains, NY 10601	
4.1 TITLE	VPSGC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Maxwell, Robert D.	
5.3 STREET ADDRESS	One California Street, Suite 1400	
5.4 CITY - ST - ZIP	San Francisco, CA 94111	
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tully, Patrick J.	
6.3 STREET ADDRESS	One North Broadway, Suite 500	
6.4 CITY - ST - ZIP	White Plains, NY 10601	

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]* **4/28/97** **415/678-2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011910

CR2E034 (9/96)