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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # F96000006445 (8)

WS APARTMENTS, INC.

Principal Place of Business Mailing Address

%SSR REALTY ADVISORS INC

%SSR REALTY ADVISORS INC

FILED Jan 29 1998 8:00am Secretary of State



| ONE CALIFORNIA ST., STE. 1400 SAN FRANCISCO CA 95111 | | ONE CALIFORNIA ST., STE. 1400 SAN FRANCISCO CA 94111 | | | DO NOT WRITE IN 1 | DO NOT WRITE IN THIS SPACE | |
|---|------------------------------------|---|---|-----------------------------------|--|----------------------------|--|
| | | US | | 3. Date Incorporated or Qualified | | | |
| İ | | | | | 12/10/1996 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 94-3255631 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | | |
| 22 | | 27 | | 5. Commodic of States Desired | Fee Required | | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 | | 28 | | | Trust Fund Contribution | 710000101000 | |
| Zip | Country | Zip | Count | ry | 8. This corporation owes or has paid th | | |
| 24 | 25 2 Name and Address of Current I | | 30 | | Personal Property Tax due June 30. | Yes X No | |
| 9, Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent 81 Name | | | | |
| C T CORPORATION SYSTEM | | | ľ | IVALITA | Q | | |
| 1200 SOUTH PINE ISLAND ROAD | | | 8 | 2 Stree | et Address (P.O. Box Number is Not Acceptable) | | |
| PLANTATION FL 33324 | | | 8 | | | | |
| ļ | | | 8 | 3 | | | |
| | | | 8 | 4 City | | B5 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 | | | | | | | |
| 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) | | | | | | NTE . | |
| 12. | OFFICERS AND I | | 13. | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | C FIDEALIAN BODEST A | L X DELETE | 1.1 TITLE | | AVACAS KAREN K. CHAPRO | ☐ Change ☑ Addition | |
| NAME | FIDDAMAN, ROBERT A | | 1.2 NAME | Į. | | | |
| STREET ADDRESS ONE CALIFORNIA ST., STE. 1400 | | | 1.3 STREI | T ADDRESS | | | |
| CITY-ST-ZIP | SAN FRANCISCO CA | | 1.4 CITY- | ST-ZIP | WHITE PLAINS, NY 1060 | 01 | |
| TITLE | PCEO | DELETE | 2.1 TITLE | | DPCEO | Change Addition | |
| NAME | ZUZACK, RONALD E | | 2.2 NAME | | | | |
| STREET ADDRESS | ONE CALIFORNIA ST., STE. 140 | 00 | 2.3 STREE | t address | 3 | | |
| CiTY-ST-ZiP | SAN FRANCISCO CA | | 2. 4 CITY | ST-ZIP | | | |
| TITLE | VPCF | DELETE | 3.1 TITLE | | CCFOT | X Change Addition | |
| NAME | FINELLI, WILLIAM A | | 3.2 NAME | | | | |
| STREET ADDRESS | ONE NORTH BROADWAY #500 | | 3.3 STREE | T ADDRESS | 6 | | |
| CITY - ST - ZIP | WHITE PLAINS NY | | 3.4. CITY | ST-ZIP | | | |
| TITLE | VPSG | DELETE | 4.1 TITLE | | VGCS | X Change Addition | |
| NAME | HOWERTON, HERMAN H | 20 | 4, 2 NAMI | | | | |
| STREET ADDRESS | ONE CALIFORNIA ST., STE. 140 | י | 4.3 STREE | T ADDRESS | 5 | • | |
| CITY-ST-ZIP | SAN FRANCISCO CA | | 4.4 CITY- | ST-ZIP | | | |
| TITLE | AT BOREDT B | ☐ DELETE | 5.1 TITLE | | | Change Addition | |
| NAME | MAXWELL, ROBERT D | | 5.2 NAME | | | | |
| STREET ADDRESS | ONE CALIFORNIA ST., STE. 140 |)U | 5.3 STREE | t address | 1 | | |
| CITY-ST-ZIP | SAN FRANCISCO CA | | 5.4 CITY - | ST - ZIP | | , | |
| TITLE | AT THE V DATING I | ☐ DELETE | 6.1 TITLE | | | Change Addition | |
| NAME | TULLY, PATRICK J | | 6.2 NAME | | | | |
| STREET ADDRESS | ONE NORTH BROADWAY #500 | | 6.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | WHITE PLAINS NY | FID also | 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 | | | | | | | |

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.

1/16/98