2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F96000006445 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name WS APARTMENTS, INC. 08-08-2000 90090 019 ***550.00 Principal Place of Business Mailing Address %SSR REALTY ADVISORS INC %SSR REALTY ADVISORS INC. ONE CALIFORNIA ST., STE. 1400 ONE CALIFORNIA ST., STE, 1400 DAALLMIN SAN FRANCISCO CA 94111 SAN FRANCISCO CA 95111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-3255631 Not Applicable Zip Country Zip 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **AVAC** Change Addition ☐ Delete NAME CHAPRO, KAREN R STREET ADDRESS ONE NORTH BROADWAY, SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Addition TITLE DPCE ☐ Delete Change NAME ZUZACK, RONALD E NAME STREET ADDRESS ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO_CA Director, Chairman, Change . **CCFO** TITLE ☐ Delete TITLE Chief Financial Officer & Treasurer NAME FINELLI, WILLIAM A NAME STREET ADDRESS STREET ADDRESS ONE NORTH BROADWAY #500 CITY-ST-ZIP CITY-ST-7IP ---WHITE PLAINS NY ☐ Change ☐ Addition VGCS TITLE TITLE Delete HOWERTON, HERMAN H NAME NAME STREET ADDRESS STREET ADDRESS ONE CALIFORNIA ST., STE. 1400 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA ☐ Change ☐ Addition TITLE ΑT ☐ Delete TITLE MAXWELL, ROBERT D NAME NAME

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 attachment with an address, with all other like empowered.

office officer of the state

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Defete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

ONE CALIFORNIA ST., STE. 1400

SAN FRANCISCO CA

7/20/00

415-678-2000

Change

☐ Addition

General Counsel and Secretary Daytime Phone #