## 2001 UNIFORM BUSINESS REPORT (UBR)

WS APARTMENTS, INC.	
	FILED
	01 APR 30 PM 6: 40
Principal Place of Business Mailing Address	CEODET ARY OF STATE
%SSR REALTY ADVISORS INC ONE CALIFORNIA ST., STE. 1400 SAN FRANCISCO CA 95111 US SSR REALTY ADVISORS INC ONE CALIFORNIA ST., STE. 1400 SAN FRANCISCO CA 94111 US	SECRETARY OF STATE TALLAHASSEE, FLORIDA
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 94-3255631 Applied For Not Applicable
Zip Country Zip Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent  Name	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY	
1201 HAYS STREET Street Address (	P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301	
City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or register	ed 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
	when remistating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00	10. Election Campaign Financing\$5.00 May Be
_	Trust Fund Contribution
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12.	Trust Fund Contribution
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12.  TITLE AVAC Delete TITLE	e Trust Fund Contribution. L.J. Added to Fees
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12.  TITLE NAME CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500  Make Check Payable to Department of State  12.  TITLE NAME STREET ADDRESS  STREET ADDRESS	Trust Fund Contribution.
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12.  ITILE NAME CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE DPCE  Make Check Payable to Department of State  12.  ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  20004194194129  -05/11/0101004007
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12.  TITLE AVAC Delete TITLE NAME  CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE DPCE Delete TITLE  NAME  ZUZACK, RONALD E  Make Check Payable to Department of State  12.  TITLE NAME  TITLE NAME  Delete TITLE  NAME  NAME	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12.  ITILE NAME CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE DPCE  Make Check Payable to Department of State  12.  ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  20004194194129  -05/11/0101004007
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE NAME CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 WHITE PLAINS NY 10601  TITLE NAME ZUZACK, RONALD E STREET ADDRESS ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  Make Check Payable to Department of State  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE DCCF Delete TITLE TITLE DCCF	Trust Fund Contribution.
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12.  TITLE NAME CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE NAME ZUZACK, RONALD E ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS CITY-ST-ZIP  TITLE DCF TITLE NAME DCF TITLE NAME	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Added to Fees  Added to Fees
(See criteria on back)  Make Check Payable to Department of Stat  11. OFFICERS AND DIRECTORS  12.  TITLE NAME CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 STREET ADDRESS CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE NAME ZUZACK, RONALD E ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS CITY-ST-ZIP  TITLE DCF TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME FINELLI, WILLIAM A ONE NORTH BROADWAY #500  STREET ADDRESS	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Added to Fees  Added to Fees
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. TITLE  NAME CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE  NAME ZUZACK, RONALD E STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE  DCCF STREET ADDRESS CITY-ST-ZIP  TITLE  DCCF DCCF DCCF DCCF DCCF DCCF DCCF DC	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Added to Fees  Added to Fees
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. TITLE  AVAC CHAPRO, KAREN R STREET ADDRESS CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE  NAME ZUZACK, RONALD E STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE  DCCF SAN FRANCISCO CA  TITLE  DCCF SAN FRANCISCO CA  TITLE  DCCF Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DCCF SAN FRANCISCO CA  TITLE NAME FINELLI, WILLIAM A ONE NORTH BROADWAY #500 STREET ADDRESS CITY-ST-ZIP WHITE PLAINS NY  TITLE  VGCS Delete TITLE NAME	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  -05/11/01-01004-007  *****882.50
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. TITLE  AVAC CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE  NAME ZUZACK, RONALD E STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE  DCCF TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DCCF TITLE  NAME FINELLI, WILLIAM A ONE NORTH BROADWAY #500  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME HOWERTON, HERMAN H ONE CALIFORNIA ST., STE. 1400  STREET ADDRESS	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  200004194192-9  -05/11/01-01004-007  *****882.50   *****150.00  Change Addition
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. TITLE AVAC CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE NAME ZUZACK, RONALD E STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE NAME FINELLI, WILLIAM A ONE NORTH BROADWAY #500 CITY-ST-ZIP  TITLE NAME FINELLI, WHITE PLAINS NY TITLE NAME FINELLI, WILLIAM A ONE NORTH BROADWAY #500 CITY-ST-ZIP  TITLE VGCS MHITE PLAINS NY  TITLE VGCS Delete TITLE NAME HOWERTON, HERMAN H STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE NAME HOWERTON, HERMAN H STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE NAME HOWERTON, HERMAN H STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE NAME TITLE TITLE TITLE TITLE TITLE	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  200004194192-9  -05/11/01-01004-007  *****882.50   *****150.00  Change Addition
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. TITLE  NAME CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  TITLE  NAME ZUZACK, RONALD E STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE  NAME FINELLI, WILLIAM A ONE NORTH BROADWAY #500 WHITE PLAINS NY  TITLE  NAME FINELLI, WILLIAM A ONE NORTH BROADWAY #500 WHITE PLAINS NY  TITLE  NAME HOWERTON, HERMAN H STREET ADDRESS CITY-ST-ZIP  TITLE  NAME HOWERTON, HERMAN H STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE  NAME HOWERTON, HERMAN H STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE  NAME HOWERTON, HERMAN H STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA  TITLE NAME HOWERTON, HERMAN H STREET ADDRESS CITY-ST-ZIP  TITLE  NAME MAXWELL, ROBERT D	Trust Fund Contribution.  Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  20004194112—9  -05/11/01-01004-007  ****8832.50
(See criteria on back)  Make Check Payable to Department of Stat  11. OFFICERS AND DIRECTORS  12.  IIIILE AVAC Delete TITLE NAME CHAPRO, KAREN R ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  IIILE DPCE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS CITY-ST-ZIP DELETE  IIILE DCCF DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP WHITE PLAINS NY  IIILE DCCF DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP WHITE PLAINS NY  IIILE NAME STREET ADDRESS CITY-ST-ZIP WHITE PLAINS NY  IIILE NAME STREET ADDRESS CITY-ST-ZIP WHITE PLAINS NY  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDR	Trust Fund Contribution.  Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  20004194112—9  -05/11/01-01004-007  ****8832.50
(See criteria on back)  Make Check Payable to Department of Stat  11. OFFICERS AND DIRECTORS  12.  IIIILE AVAC CHAPRO, KAREN R SIREET ADDRESS ONE NORTH BROADWAY, SUITE 500 CITY-ST-ZIP WHITE PLAINS NY 10601  IIILE DPCE JUZACK, RONALD E STREET ADDRESS CITY-ST-ZIP  ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS CITY-ST-ZIP  IIILE DCCF SAN FRANCISCO CA  IIILE NAME STREET ADDRESS CITY-ST-ZIP WHITE PLAINS NY  Delete IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME ONE NORTH BROADWAY #500 STREET ADDRESS CITY-ST-ZIP  IIILE NAME ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS CITY-ST-ZIP  IIILE NAME ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS CITY-ST-ZIP  IIILE NAME ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS CITY-ST-ZIP  IIILE NAME AT MAXWELL, ROBERT D ONE CALIFORNIA ST., STE. 1400 STREET ADDRESS	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  20004194112—9  -05/11/01-01004-007  ****882.50   ****150 00  Change Addition  Change Addition
Make Check Payable to Department of State   11.	Trust Fund Contribution.  Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  20004194112—9  -05/11/01-01004-007  *****882.50   *****150.00  Change Addition  Change Addition
(See criteria on back)    Make Check Payable to Department of State	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  20004194112—9  -05/11/01-01004-007  *****882.50

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. Herman H. Howerton VP & Secretary 4/27/01 415-678-2138

SIGNATURE:

Herman H.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)