

# 2001 UNIFORM BUSINESS REPORT (UBR)

0583465

DOCUMENT # F97000002555

1. Entity Name  
SSR REALTY ADVISORS, INC.

Principal Place of Business  
ONE NORTH BROADWAY, STE 500  
WHITE PLAINS NY 10601

Mailing Address  
ONE CALIFORNIA ST  
#1400  
SAN FRANCISCO CA 94111  
US

FILED

01 APR 30 PM 6:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-3262034

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPC  
NAME LYDON JR, THOMAS P  
STREET ADDRESS ONE NORTH BROADWAY STE 500  
CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500004194105--0  
-05/11/01--01004--007  
\*\*\*\*882.50 \*\*\*\*150.00

TITLE VGCS  
NAME HOWERTON, HERMAN H  
STREET ADDRESS ONE CALIFORNIA STREET, SUITE 1400  
CITY-ST-ZIP SAN FRANCISCO CA 94111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VCFT  
NAME FINELLI, WILLIAM A  
STREET ADDRESS ONE NORTH BROADWAY STE 500  
CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ACAC  
NAME CHAPRO, KAREN K  
STREET ADDRESS ONE NORTH BROADWAY STE 500  
CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BD  
NAME MAUS, GERARD P  
STREET ADDRESS ONE FINANCIAL CENTER, 30TH FLOOR  
CITY-ST-ZIP BOSTON MA 02111-2690 ☒ Delete

TITLE BD  
NAME Richard S. Davis  
STREET ADDRESS One Financial Center, 30th Floor  
CITY-ST-ZIP Boston MA 02111-2690 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)