

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000002555

1. Entity Name
SSR REALTY ADVISORS, INC.



Principal Place of Business
10 PARK AVE,
MORRISTOWN, NJ 07960

Mailing Address
ONE CALIFORNIA STREET
1400
SAN FRANCISCO, CA 94111-5415 US

FILED

04 FEB -6 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3262034	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chairman of the Board DAVIS, RICHARD S ONE FINANCIAL CENTER 31ST FLOOR BOSTON, MA 02111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO FINELLI, WILLIAM A 10 PARK AVE, MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIEBLICH, FREDERICH 10 PARK AVE, MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWERTON, HERMAN H ONE CALIFORNIA STREET #1400 SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAURER, MARY ANN 10 PARK AVE, MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CINQUE, MICHAEL 10 PARK AVE, MORRISTOWN, NJ 07960

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herman H. Howerton Herman H. Howerton Secretary 1/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #