

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 035 ***300.00

DOCUMENT # F97000004892

1. Corporation Name

WHEREHOUSE SUBSIDIARY I CO., INC.

Principal Place of Business

1201 ELM STREET
DALLAS TX 75270

Mailing Address

C/O PHILIPPE P. DAUMAN
1515 BROADWAY
NEW YORK NY 10036
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

75-1438662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21 19701 Hamilton Ave.

2a. Mailing Address

25 19701 Hamilton Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23 Torrance, CA

27. City & State

28 Torrance, CA

24 Zip 90502 25 Country LA

29 Zip 90502 30 Country LA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | EVPS | <input checked="" type="checkbox"/> DELETE |
| NAME | LYALL, LYNN J | |
| STREET ADDRESS | 1201 ELM STREET | |
| CITY-ST-ZIP | DALLAS TX 75270 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | DAUMAN, PHILIPPE P | |
| STREET ADDRESS | 1515 BROADWAY C/O VIACOM INC | |
| CITY-ST-ZIP | NEW YORK NY 10036 | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, GEORGE S JR | |
| STREET ADDRESS | 1515 BROADWAY C/O VIACOM INC | |
| CITY-ST-ZIP | NEW YORK NY 10036 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | ANTIOCO, JOHN F | |
| STREET ADDRESS | 1515 BROADWAY | |
| CITY-ST-ZIP | NEW YORK NY 10036 | |
| TITLE | ASD | <input checked="" type="checkbox"/> DELETE |
| NAME | STACK, ILENE W | |
| STREET ADDRESS | 1515 BROADWAY C/O VIACOM INC | |
| CITY-ST-ZIP | NEW YORK NY 10036 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|------------------------|--|
| 11 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Antonio C. Alvarez, II | |
| 13 STREET ADDRESS | 19701 Hamilton Ave. | |
| 14 CITY-ST-ZIP | Torrance, CA 90502 | |
| 21 TITLE | Vice President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Larry Gains | |
| 23 STREET ADDRESS | 19701 Hamilton Ave. | |
| 24 CITY-ST-ZIP | Torrance, CA 90502 | |
| 31 TITLE | Assistant Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Robert S. Kelleher | |
| 33 STREET ADDRESS | 19701 Hamilton Ave. | |
| 34 CITY-ST-ZIP | Torrance, CA 90502 | |
| 41 TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | Lynn Gilmore | |
| 43 STREET ADDRESS | 19701 Hamilton Ave. | |
| 44 CITY-ST-ZIP | Torrance, CA 90502 | |
| 51 TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | Antonio C. Alvarez, II | |
| 53 STREET ADDRESS | 19701 Hamilton Ave. | |
| 54 CITY-ST-ZIP | Torrance, CA 90502 | |
| 61 TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | Robert S. Kelleher | |
| 63 STREET ADDRESS | 19701 Hamilton Ave. | |
| 64 CITY-ST-ZIP | Torrance, CA 90502 | |

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 indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn Gilmore VP Treasurer

4/17/99 1-30-538-2314

Date

Daytime Phone #

ext 2312

CR2E034 (11/98)