

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91287 012 ***150.00

DOCUMENT # **F-91000005012**
 1. Entity Name **Winneas Circle Realty Holding Co, Inc**

Principal Place of Business Mailing Address
C/O J.P. MORGAN INVESTMENT MGMT INC.
522 FIFTH AVE. 19TH FLOOR
NEW YORK NY 10022
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **13-3965727** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE	DVAS	<input type="checkbox"/> Delete
NAME	PFEIFFER, ANNE S	
STREET ADDRESS	23 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260-0023	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	ASTARITA, MICHAEL G	
STREET ADDRESS	23 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260-0023	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	GILBERTO, S M	
STREET ADDRESS	23 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260-0023	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	OCHS, GEORGE	
STREET ADDRESS	23 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260-0023	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIFFORD, BENJAMIN G	
STREET ADDRESS	23 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260-0023	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	ASTARITA, MICHAEL G	
STREET ADDRESS	23 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260-0023	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAT	
STREET ADDRESS	ANNE M. MANCUSO	
CITY-ST-ZIP	23 wall street New York, NY 10260-0023	

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: **ANNE M. MANCUSO** 4/16/01 212-837-9396
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #