FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # F97000006796 WASHINGTON TEACHERS PROPERTIES II, INC. 04-19-2001 90305 045 ***150.00 Principal Place of Business Mailing Address 730 THIRD AVENUE, 9TH FLOOR 730 THIRD AVENUE. 9TH FLOOR STE 15/485 STE 15/485 NEW YORK NY 10017 NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 13-3537618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Change Addition TITLE ☐ Delete TITLE NAME SOMERS, JOHN A NAME STREET ADDRESS 730 3RD AVE. 59747 100 PM STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** DVP 🗷 Delete X Change ☐ Addition TITLE TITLE CLAPMAN, PETER C LUIK, JOSEPH L NAME NAME STREET ADDRESS STREET ADDRESS 730 3RD AVE. 5TH FLOOR 730 3rd Avenue, 7th floor CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY New York, NY 10017 ☐ Change Addition TITLE ☐ Delete TITLE CONNELL, ALICE M NAME NAME STREET ADDRESS STREET ADDRESS 730 3RD AVE. 5THJFLQQR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Vice President X Change X Delete TITLE Addition TITLE DIGENNARO, PHILIP R FITZPATRICK, JAMES M NAME NAME 730 3rd Ave. 7th floor 730 3RD AVE. 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New York, NY 10017 NEW YORK NY TITLE DVPT ☐ Delete TITLE Addition ADAMSKI, RICHARD J NAME NAME STREET ADDRESS STREET ADDRESS 730 THIRD AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** DVP Delete Change ☐ Addition TITLE TITLE Secretary BERNHARD, RONALD NAME SERLEN, MARK L STREET ADDRESS 730 3RD AVE. 5TH FLOOR STREET ADDRESS 730 Third Avenue 9th floor CITY-ST-ZIP CITY-ST-ZIP

New York, NY 10017

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 shother like empowered.

SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark L. Serlen

4-12-01

212-916-4256

Daytime ≥hone #