2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 22, 2004
Secretary of State

DOCUMENT# M96000000439

Entity Name: WESCHAP LLC

Current Principal Place of Business:

ONE SEAPORT PLAZA, 17TH FLOOR
NEW YORK, NY 10038

New Principal Place of Business:

Current Mailing Address:

ONE SEAPORT PLAZA, 17TH FLOOR
NEW YORK, NY 10038

New Mailing Address:

FEI Number: 13-3808962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	CHAPDELAINE, RICHARD F	
Address:	ONE SEAPORT PLAZA	
City-St-Zip:	NEW YORK, NY 10038	
Title:	MGR	( ) Delete
Name:	WALSH, MICHAEL E	
Address:	ONE SEAPORT PLAZA	
City-St-Zip:	NEW YORK, NY 10038	
Title:	MGR	( ) Delete
Name:	MILLER, ROBERT K	
Address:	ONE SEAPORT PLAZA	
City-St-Zip:	NEW YORK, NY 10038	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERESA O'LEARY SVP 11/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date