

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 # P20743

1. Corporation Name

WHEREHOUSE SUBSIDIARY III CO., INC.

Principal Place of Business

1201 ELM STREET
DALLAS TX 75270
US

Mailing Address

% PHILIPPE P DAUMAN
1515 BROADWAY
NEW YORK NY 10036
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1988

4. FEI Number

58-1805603

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

26 19701 Hamilton Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Torrance CA

City & State

28 Torrance CA

Zip

24 90502

Country

25 LA

Zip

29 90502

Country

30 LA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHN F ANTIOCO	
STREET ADDRESS	1201 ELM STREET	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE	EVPS	<input checked="" type="checkbox"/> DELETE
NAME	PHILIPPE P DAUMAN	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	LYNN J LYALL	
STREET ADDRESS	1201 ELM STREET	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ILENE W STACK	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE S SMITH JR	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE		<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Larry Gaines	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

Date

1-310-538-2314

Daytime Phone #

Ext 2312

CR2E034 (11/98)