2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F94000001997 WSK GEN-PAR, INC. 01-31-2001 90168 001 *2,700.00 Principal Place of Business Mailing Address 10 HANOVER SQUARE 10 HANOVER SOUARE 20TH FLOOR 20TH FLOOR 23981 NEW YORK NY 10005 NEW YORK NY 10005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 75-2530471 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 Zip Code City FI 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 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **VPD** TITLE ☐ Delete TITLE Change ☐ Addition NAME ROTHENBERG, STUART M STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NEIDICH, DANIEL M NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10004 CITY-ST-ZIP **A**dition TITLE TITLE Change Brian Laker FELDMAN, STEVEN M NAME NAME 10 Hanver Sprace STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10004 CITY-ST-ZIP TITLE Addition TITLE Change GUNN, G. DOUGLAS NAME NAME Broad Street STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP City-ST-ZIP NEW YORK NY 10004 TITLE Delete TITLE Change Addition MADISON, ANGIE NAME NAME 85 Broad S STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, TODD A NAME NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004**

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:

OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OF