

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 PM 2: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003796

1. Entity Name
WHC-SIX GEN-PAR, INC.



Principal Place of Business

INV TAX GROUP
10 HANOVER SQ. 22 FL
NEW YORK, NY 10005

Mailing Address

INV TAX GROUP
10 HANOVER SQ. 22 FL
NEW YORK, NY 10005

DO NOT WRITE IN THIS SPACE



4252006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2540909

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AT
NAME	WEISS, MITCHELL S
STREET ADDRESS	10 HANOVER SQUARE
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	ST
NAME	NAUGHTON, KEVIN D
STREET ADDRESS	85 BROAD STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	V
NAME	WILLIAMS, TODD
STREET ADDRESS	85 BROAD STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	D
NAME	ROTHENBERG, STUART M
STREET ADDRESS	85 BROAD STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mitchell S. Weiss 4/28/06 212-903-3867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #