2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000005253

1. Entity Name
WHTR INVESTORS, 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

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2554168 — 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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000298889
04/11/05-80087-003 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mitch A. W Asst Treas 4-4-05 2129021000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #