


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90146 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000004818					
1. Corporation Name WHRB GEN-PAR, INC.					
Principal Place of Business ATTN: TODD WILLIAMS 100 CRESCENT COURT, SUITE 1000 DALLAS TX 75201 US			Mailing Address 10 HANOVER SQUARE, 20TH FL NEW YORK NY 10005 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/05/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 75-2615646	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	AT, VP <input type="checkbox"/> DELETE				
NAME	LAHEY, BRIAN				
STREET ADDRESS	10 HANOVER SQUARE, 20TH FL				
CITY-ST-ZIP	NEW YORK NY 10005				
TITLE	P <input type="checkbox"/> DELETE				
NAME	NEIDICH, DANIEL M				
STREET ADDRESS	85 BROAD ST., REAL ESTATE DEPT. 19TH FLOOR				
CITY-ST-ZIP	NEW YORK NY 10004				
TITLE	AT <input type="checkbox"/> DELETE				
NAME	SISKIND, EDWARD M				
STREET ADDRESS	85 BROAD ST., REAL ESTATE DEPT. 19TH FLOOR				
CITY-ST-ZIP	NEW YORK NY				
TITLE	AS <input type="checkbox"/> DELETE				
NAME	ROSENBERG, RALPH F				
STREET ADDRESS	85 BROAD ST., REAL ESTATE DEPT. 19TH FLOOR				
CITY-ST-ZIP	NEW YORK NY				
TITLE	V <input type="checkbox"/> DELETE				
NAME	KLINGHERG, MICHAEL K				
STREET ADDRESS	85 BROAD ST., REAL ESTATE DEPT. 19TH FLOOR				
CITY-ST-ZIP	NEW YORK NY				
TITLE	VATA <input type="checkbox"/> DELETE				
NAME	WILLIAMS, TODD A				
STREET ADDRESS	85 BROAD ST., REAL ESTATE DEPT. 19TH FLOOR				
CITY-ST-ZIP	NEW YORK NY				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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:

SIGNATURE OF BRIAN LAHEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 28 1999

Date

Daytime Phone #

CR2E034 (11/98)