

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90168 001 *2,700.00

041401

DOCUMENT # F95000004818

1. Entity Name

WHRB GEN-PAR, INC.

Principal Place of Business

Mailing Address

10 HANOVER SQUARE
~~20TH FLOOR~~
NEW YORK NY 10005
US

10 HANOVER SQUARE
~~20TH FLOOR~~
NEW YORK NY 10005
US

23979



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17th Floor

17th Floor

City & State

City & State

4. FEI Number **75-2615646**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROTHENBERG, STUART M	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEIDICH, DANIEL M	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MADISON, ANGIE	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GUNN, G. DOUGLAS	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, TODD A	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SISKIND, EDWARD M	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Lahey	
STREET ADDRESS	10 Hanover Square	
CITY-ST-ZIP	Ny Ny 10005	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Naughton	
STREET ADDRESS	85 Broad Street	
CITY-ST-ZIP	Ny Ny 10004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph E Rosenberg	
STREET ADDRESS	85 Broad Street	
CITY-ST-ZIP	Ny 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

Date

212-902-1000

Daytime Phone #

CR2E034 (10/00)