

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # F95000004818

1. Entity Name  
WHRB GEN-PAR, INC.



Principal Place of Business

C/O INV TAX GROUP  
10 HANOVER SQ 22 FL  
NEW YORK, NY 10005 US

Mailing Address

C/O INV TAX GROUP  
10 HANOVER SQ 22 FL  
NEW YORK, NY 10005 US



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-2615646

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

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

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

U000000298890  
04/11/05-80087-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ROTHENBERG, STUART M  
85 BROAD STREET  
NEW YORK, NY 10004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
WEISS, MITCHELL S  
10 HANOVER SQUARE  
NEW YORK, NY 10005

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
WEISS, MITCHELL S  
85 BROAD STREET  
NEW YORK, NY 10004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
NAUGHTON, KEVIN  
85 BROAD STREET  
NEW YORK, NY 10004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WILLIAMS, TODD A  
85 BROAD STREET  
NEW YORK, NY 10004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
PETROW, PENNY  
85 BROAD STREET  
NEW YORK, NY 10004

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*[Signature]* Asst Treas 4-4-05 212 902 1000