

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000004818**

1. Entity Name  
WHRB GEN-PAR, INC.



Principal Place of Business  
% INVESTMENT TAX GROUP  
180 MAIDEN LANE - 40TH FLOOR  
NEW YORK, NY 10038 US

Mailing Address  
% INVESTMENT TAX GROUP  
180 MAIDEN LANE - 40TH FLOOR  
NEW YORK, NY 10038 US



04292008 No Chg-P CR2E034 (11/05)

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U000000943018  
05/29/08-80042-014 2032.50

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

212-902-1000

Daytime Phone #