2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F95000005737 WHCB GEN-PAR, INC. 01-31-2001 90168 001 *2,700.00 Principal Place of Business Mailing Address 10 HANOVER SQUARE 10 HANOVER SQUARE 20TH FLOOR 20TH FLOOR 23980 NEW YORK NY 10005 NEW YORK NY 10005 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2619117 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROTHENBERG, STUART M NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 TITLE ☐ Delete Change ☐ Addition TITLE NEIDICH, DANIEL M NAME NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 Addition TITLE TITLE Change NAME KLINGHER, MICHAEL K NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-7IP NEW YORK NY 10004 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAUGHTON, KEVIN D NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME ROSENBERG, RALPH F NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004** Addition TITLE Delete TITLE ☐ Change Todd Williams 85 Broad Street NAME MADISON, ANGIE NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP NEW YORK NY 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.6 (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: _ PRINTED NAME OF SIGNING OFFICER OR DIRECTOR