

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F95000005737

1. Entity Name
WHCB GEN-PAR, INC.



Principal Place of Business
% INV TAX GROUP
10 HANOVER SQ, 22FL
NEW YORK, NY 10005 US

Mailing Address
% INV TAX GROUP
10 HANOVER SQ, 22FL
NEW YORK, NY 10005 US



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2619117

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000298925

04/11/05-80087-015 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Michael A. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05

Date

212 902 1000

Daytime Phone #