

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 MAY -1 PM 2:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**

DO NOT WRITE IN THIS SPACE



4252006 No Chg-P CR2E034 (11/05)

**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**

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**200075037642
05/22/06--01067--006 **1650.00**

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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]* *[Signature]* *[Signature]* **4/28/06 212-902-3867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #