

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003076

1. Entity Name

WHML-S GEN-PAR, INC.

Principal Place of Business

10 HANOVER SQUARE
~~20TH FLOOR~~
NEW YORK NY 10005

Mailing Address

10 HANOVER SQUARE
~~20TH FLOOR~~
NEW YORK NY 10005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

17th Floor

Suite, Apt. #, etc.

17th Floor

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 76-2654418

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROTHENBERG, STUART M	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEIDICH, DANIEL M	
STREET ADDRESS	85 BROAD ST.	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAHEY, BRIAN J	
STREET ADDRESS	85 BROAD ST.	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KAVA, ALAN S	
STREET ADDRESS	85 BROAD ST.	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, STEVEN M	
STREET ADDRESS	85 BROAD ST.	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KINGHER, MICHAEL K	
STREET ADDRESS	85 BROAD ST.	
CITY-ST-ZIP	NEW YORK NY 10004	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Naughton	
STREET ADDRESS	85 Broad Street	
CITY-ST-ZIP	NY NY 10004	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Williams	
STREET ADDRESS	85 Broad Street	
CITY-ST-ZIP	NY NY 10004	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAIPH E Rosenberg	
STREET ADDRESS	85 Broad Street	
CITY-ST-ZIP	NY NY 10004	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

Date

212-902-1000

Daytime Phone #