

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F96000003076

1. Entity Name
WHML-S GEN-PAR, INC.



Principal Place of Business

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

Mailing Address

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



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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

U00000298910
04/11/05 00007 011 150.00

10. OFFICERS AND DIRECTORS

TITLE DVP
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 VP
NAME NAUGHTON, KEVIN
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK, NY 10004

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 exemption stated in Section 19.07(3)(c), 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:

Walter A. We *Asst Treas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-05 212 902 1000