

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90168 001 *2,700.00

DOCUMENT # F96000004659

1. Entity Name

WH TE-TWO INVESTORS GEN-PAR, INC.

Principal Place of Business

Mailing Address

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

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

23983



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

17th Floor

Suite, Apt. #, etc.

17th Floor

City & State

City & State

4. FEI Number 75-2668196

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
 NAME NEIDICH, DANIEL M
 STREET ADDRESS 85 BROAD STREET
 CITY-ST-ZIP NEW YORK NY 10004 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
 NAME MADISON, ANGIE
 STREET ADDRESS 85 BROAD STREET
 CITY-ST-ZIP NEW YORK NY 10004 ☒ Delete

TITLE VP
 NAME Brian Lakey
 STREET ADDRESS 10 Hanover Square
 CITY-ST-ZIP NY NY 10005 ☐ Change ☒ Addition

TITLE VP
 NAME GUNN, G. DOUGLAS
 STREET ADDRESS 85 BROAD STREET
 CITY-ST-ZIP NEW YORK NY 10004 ☒ Delete

TITLE VP
 NAME Kevin Naughton
 STREET ADDRESS 85 Broad Street
 CITY-ST-ZIP NY NY 10004 ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
 NAME SISKIND, EDWARD M
 STREET ADDRESS 85 BROAD STREET
 CITY-ST-ZIP NEW YORK NY 10004 ☒ Delete

TITLE VPM
 NAME RALPH E Rosenberg
 STREET ADDRESS 85 Broad Street
 CITY-ST-ZIP NY NY 10004 ☐ Change ☒ Addition

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 #

CR2E034 (10/00)