2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F97000002482 WHNML-S GEN-PAR, INC. 01-31-2001 90168 001 *2,700.00 Principal Place of Business Mailing Address 10 HANOVER SQUARE 10 HANOVER SQUARE NEW YORK NY 10005 NEW YORK NY 10005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE HA HOOR Applied For City & State City & State 4. FEI Number 75-2699786 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change [] Addition TITLE NAME ROTHENBERG, STUART M NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004** ☐ Change TITLE ☐ Delete ☐ Addition NAME NEIDICH, DANIEL M NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004** TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME LAHEY, BRIAN STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004** TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAUGHTON, KEVIN D NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 Addition VAT ☐ Change TITLE Delete TITLE O'BRIEN, ELIZABETH A NAME NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10004** TITLE ☐ Delete TITLE ☐ Change Addition NAME WILLIAM, TODD A NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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