

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F97000002482

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



Principal Place of Business  
C/O INV. TAX GROUP  
10 HANNER SQ, 22FLR.  
NEW YORK, NY 10005

Mailing Address  
C/O INV. TAX GROUP  
10 HANNER SQ, 22FLR.  
NEW YORK, NY 10005

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



**DO NOT WRITE IN THIS SPACE**

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2699786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

000000298892  
04/11/05-80087-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WEISS, MITCHELL S 10 HANOVER SW. NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NAUGHTON, KEVIN D 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAM, TODD A 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

  
Asst. Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

Date

212 902 1000  
Daytime Phone #