

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90168 001 *2,700.00

DOCUMENT # F97000005343

1. Entity Name

WHLCA GEN-PAR, INC.

Principal Place of Business

10 HANOVER SQUARE
NEW YORK NY 10005

Mailing Address

10 HANOVER SQUARE
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

4. FEI Number 75-2726841

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

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

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

TITLE VP
NAME Todd Williams
STREET ADDRESS 85 Broad Street
CITY-ST-ZIP NY NY 10004 ☐ Change ☐ Addition

TITLE V
NAME LAHEY, BRIAN J
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK NY 10004 ☐ Delete

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

TITLE ST
NAME NAUGHTON, KEVIN D
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK NY 10004 ☐ Delete

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

TITLE AS
NAME GUNN, DOUGLAS G
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 149.07(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

1/16/2001

Date

Daytime Phone #

212-902-1000

CR2E034 (10/00)

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