
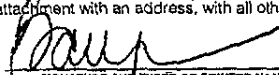


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000000966 1. Entity Name W9/LWS GEN-PAR, INC.			
Principal Place of Business 85 BROAD STREET NEW YORK, NY 10004		Mailing Address P.O. BOX 1920 DALLAS, TX 75221	
DO NOT WRITE IN THIS SPACE			
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	NEIDICH, DANIEL M		
STREET ADDRESS	85 BROAD STREET		
CITY - ST - ZIP	NEW YORK, NY		
TITLE	ST		
NAME	NAUGHTON, KEVIN D		
STREET ADDRESS	85 BROAD STREET		
CITY - ST - ZIP	NEW YORK, NY		
TITLE	CD		
NAME	ROTHENBERG, STUART		
STREET ADDRESS	85 BROAD STREET		
CITY - ST - ZIP	NEW YORK, NY		
TITLE	V	DO NOT WRITE IN THIS SPACE	
NAME	NICHOLS, BARI S		
STREET ADDRESS	1530 WILSON BLVD		
CITY - ST - ZIP	ARLINGTON, VA		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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:  Bari S. Nichols, VP		Date: 4-19-05 Daytime Phone #: 214-740-4440	

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