


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # F98000001289**  
1. Entity Name  
W9/PHC GEN-PAR, INC.



Principal Place of Business: INV TAX GROUP, 10 HANOVER SQUARE, NEW YORK, NY 10005  
Mailing Address: INV TAX GROUP, 10 HANOVER SQUARE, NEW YORK, NY 10005



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 75-2731928 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$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

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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.  \$5.00 May Be Added to Fees

U00000298867  
04/11/05-80087-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ROTHENBERG, STUART M
STREET ADDRESS	85 BROAD STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	AT
NAME	WEISS, MITCHELL S
STREET ADDRESS	10 HANOVER SQUARE
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	V
NAME	NAUGHTON, KEVIN D
STREET ADDRESS	85 BROAD STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	V
NAME	WILLIAMS, TODD
STREET ADDRESS	85 BROAD STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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: Mitch A. Wick ASST TREAS 4-4-05 212 902 1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #