

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90168 001 *2,700.00

041405

DOCUMENT # F98000006063

1. Entity Name

W9/LPII GEN-PAR, INC.

Principal Place of Business

Mailing Address

10 HANOVER SQUARE
~~20TH FLOOR~~
NEW YORK NY 10005**10 HANOVER SQUARE**
~~20TH FLOOR~~
NEW YORK NY 10005**23976**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2980751**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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VPM	ROSENBERG, RALPH E	85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VPM	ROTHENBERG, STUART M	85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PM	NEIDICH, DANIEL M	85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VP	FELDMAN, STEVEN M	85 BROAD STREET NEW YORK NY 10004	<input checked="" type="checkbox"/>		VP	Brian Lahey	10 Hanover Square New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VP	WILLIAMS, TODD A	85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VP	NAUGHTON, KEVIN D	85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)