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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P41085 (2)

1. Corporation Name
WHH, INC. OF NEW YORK

Principal Place of Business
27 WILLIAM ST.
NEW YORK NY 10005

Mailing Address
27 WILLIAM ST.
NEW YORK NY 10005-2806



3. Date Incorporated or Qualified 10/21/1992
3a. Date of Last Report 01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 13-3487072
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKS, STANLEY
2875 NE 191TH ST.
NORTH MIAMI BEACH FL 33180

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV
NAME HERRMAN, WILLIAM H.
STREET ADDRESS 27 WILLIAM ST.
CITY-ST-ZIP NEW YORK NY

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME HERRMAN, WILLIAM H.
STREET ADDRESS 27 WILLIAM ST.
CITY-ST-ZIP NEW YORK NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME CRISCITELLO, MARK
STREET ADDRESS 27 WILLIAM STREET
CITY-ST-ZIP NEW YORK NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Criscitello

1/22/97

212-804-0212

Date Daytime Phone

CR2E034 (9/96)