FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name P41085 WHH, INC. OF NEW YORK Principal Place of Business Mailing Address 27 WILLIAM ST. 27 WILLIAM ST. NEW YORK NY 10005 NEW YORK NY 10005 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/21/1992</u> 4. FEI Number 2. Principal Place of Business 28. Mailing Address Applied For Not Applicable 21 13-3487072 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARKS, STANLEY 2875 NE 191TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33180 83 84 City 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, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 R2E034 (10/97 12. 13. Change Addition DELETE 1.1 Trille TITLE HERRMAN, WILLIAM H. NAME 1.2 NAME 27 WILLIAM ST. STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 21 TITLE HERRMAN, WILLIAM H. NAME 2.2 NAME 27 WILLIAM ST. STREET ADDRESS 2.3 STREET ADORESS **NEW YORK NY** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE CRISCITELLO, MARK 3.2 NAME NAME **27 WILLIAM STREET** STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TETLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change 6.1 TITLE TITLE

14. 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 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 at attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CiTY - ST - ZIP