FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **566663** **(1)**

1. Corporation Name

WFI, INC.

Principal Place of Business	Mailing Address
2800 W HIGGINS SUITE 205 HOFFMAN ESTATES IL 60195 US	2800 W HIGGINS SUITE 205 HOFFMAN ESTATES IL 60195 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip / 24	Country / 25	Zip / 29	Country / 30

3. Date Incorporated or Qualified: **03/01/1978**
3a. Date of Last Report: **06/20/1995**

4. FEI Number: **59-1802721** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

SHAPIRO, ROBERT I.,ESQUIRE
444 BRICKELL AVENUE
SUITE 1050
MIAMI FL

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when name is changed) DATE

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REED, HARRY W.		1.2 NAME		
STREET ADDRESS	TWO RIVERWAY- SUITE 850		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWNSON, ROBERT S.		2.2 NAME		
STREET ADDRESS	2800 W HIGGINS SUITE 205		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOFFMAN ESTATES IL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWNSON, ROBERT S.		3.2 NAME		
STREET ADDRESS	2800 W HIGGINS SUITE 205		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOFFMAN ESTATES IL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GAVIN, VINCE		4.2 NAME		
STREET ADDRESS	1612 GOLF VIEW DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DARIEN IL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, EDWARD DR.		5.2 NAME		
STREET ADDRESS	179 E. LAKE SHORE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert S Brownson Robert S. Brownson - President 01/16/96 708-884-4820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #