FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jan 17 1997 8:00am
Secretary of State

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 60195-5236 US

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

3. Date Incorporated or Qualified: 03/01/1978
3a. Date of Last Report: 01/22/1996
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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	☐ DELETE
NAME	REED, HARRY W.	
STREET ADDRESS	TWO RIVERWAY- SUITE 850	
CITY-ST-ZIP	HOUSTON TX	
TITLE	P	☐ DELETE
NAME	BROWNSON, ROBERT S.	
STREET ADDRESS	2800 W HIGGINS SUITE 205	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	S	☐ DELETE
NAME	BROWNSON, ROBERT S.	
STREET ADDRESS	2800 W HIGGINS SUITE 205	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	VPD	☐ DELETE
NAME	GAVIN, VINCE	
STREET ADDRESS	1612 GOLF VIEW DR.	
CITY-ST-ZIP	DARIEN IL	
TITLE	D	☐ DELETE
NAME	NEWMAN, EDWARD DR.	
STREET ADDRESS	179 E. LAKE SHORE DR.	
CITY-ST-ZIP	CHICAGO IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Robert S. Brownson (signature) Robert S. Brownson President 1/6/97 847-884-4820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #