

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 15 AM 11:46

DOCUMENT # F02000001422

1. Entity Name
WELLSPRING PARTNERS LTD. CORP.



Principal Place of Business
1847 OAKBROOK DRIVE
LONGWOOD, FL 32779

Mailing Address
1847 OAKBROOK DRIVE
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-4340943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME SHADE, DAVID M
STREET ADDRESS 123 N. WACKER DRIVE, SUITE 900
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VD
NAME PATTERSON, DENNIS J
STREET ADDRESS 123 N. WACKER DRIVE, SUITE 900
CITY-ST-ZIP CHICAGO, IL 60606

TITLE STD
NAME WHETSELL, GEORGE W
STREET ADDRESS 123 N. WACKER DRIVE, SUITE 900
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VP
NAME TISCORNIA, JOHN F
STREET ADDRESS 123 N. WACKER DRIVE, SUITE 900
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VP
NAME JAMES, JANICE
STREET ADDRESS 123 N. WACKER DRIVE, SUITE 900
CITY-ST-ZIP CHICAGO, IL 60606

TITLE
NAME SEE ATTACHED
STREET ADDRESS
CITY-ST-ZIP

000000088192
03/15/04-80042-003 150.00

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IN THIS SPACE

12. 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 10 or Block 11 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

DAVID M. SHADE

Date

3/5/04 312-345-9050

Daytime Phone #

WELLSPRING PARTNERS LTD
OFFICERS AND DIRECTORS

OFFICERS

RAMONA LACY

123 N. WACKER DRIVE
SUITE 900
CHICAGO, IL 60606

VICE PRESIDENT

DIRECTORS
NO

GORDON MOUNTFORD

123 N. WACKER DRIVE
SUITE 900
CHICAGO, IL 60606

VICE PRESIDENT

NO