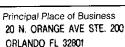
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

| DOCUMENT # |  |
|------------|--|
|------------|--|

F02000005848

1. Entity Name

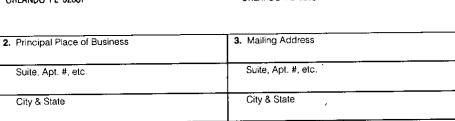
WCC MERGER CORPORATION



Mailing Address

20 N. ORANGE AVE STE. 200

ORLANDO FL 32801



## TILED

03 JAN 15 PM 4: 12

SECRETARY OF STATE ALLAHASSEE, FLORIDA



| CHECK HERE | F | MAKING | CHANGES |
|------------|---|--------|---------|
|------------|---|--------|---------|

| City & State                                    |         | City & State                                     | City & State |                                  | 4. FEI Number 58-2409339     | Applied For Not Applicable        |         |
|---|---------|--|--------------|----------------------------------|------------------------------|-----------------------------------|---------|
| Zip   | Country | Country Zip Country 5. Certificate of Status Des |              | 5. Certificate of Status Desired |                              | \$8.75 Additional<br>Fee Required |         |
| 6. Name and Address of Current Registered Agent |         |  |              |                                  | 7. Name and Address of New R | gistere                           | d Agent |

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

|  |  |  | _ | _ |
|--|--|--|---|---|
|  |  |  |   |   |

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

City

Name

Zip Code

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)

| After                                 | LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State |          |                                       |     | Election Campaign Financing     Trust Fund Contribution. | Added         | May Be<br>to Fees |
|---------------------------------------|---|----------|---------------------------------------|-----|--|---------------|-------------------|
| 10. OFFICERS AND DIRECTORS            |   |          | 11.                                   | ADI | DITIONS/CHANGES TO OFFICERS                              |               |                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC<br>HUGHES, DAVID H<br>20 N. ORANGE AVE STE. 200<br>ORLANDO FL 32801                              | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |     | •  | ☐ Change      | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP<br>MORGAN, THOMAS<br>20 N. ORANGE AVE STE. 200<br>ORLANDO FL 32801                               | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |     | 60001014   | □ Change<br>- | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT<br>ZEPF, J. STEPHEN<br>20 N. ORANGE AVE STE. 200<br>ORLANDO FL 32801                             | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |     | <u> </u>   | ☐ Change      | ☐ Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BUTTERFIELD, BENJAMIN P<br>20 N. ORANGE AVE STE. 200<br>ORLANDO FL 32801                            | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S   |  | Change        | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASAT<br>CLARK, JAY<br>20 N. ORANGE AVE STE. 200<br>ORLANDO FL 32801                                 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |     | MA   | ☐ Change      | ☐ Addition        |
| TITLE NAME STREET ADDRESS             | AS<br>SCIMECA, MARK D<br>20 N. ORANGE AVE STE. 200  | ☐ Delete | TITLE NAME STREET ADDRESS             |     |  | │             | ☐ Addition (      |

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ORLANDO FL 32801

Benjamin P. Butterfield

Secretary



ACCOUNT NO. : 072100000032

REFERENCE :

894583 7107686

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: January 15, 2003

ORDER TIME : 2:28 PM

ORDER NO. : 894583-025

CUSTOMER NO: 7107686

CUSTOMER: Laurie Bergstresser, Paralegal

Hughes Supply, Inc.

Suite 200

20 North Orange Avenue

Orlando, FL 32801

## ANNUAL REPORT FILING

NAME: WCC MERGER CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - Ext. 1139

VUINO 13 3388 VHV 77VL
SNOILVE JO VIOLENTIO

EXAMINER'S INTERPRETATION

OF THE PROOF STREET STREET STREET

OF THE PROOF STREET STREET STREET

OF THE PROOF STREET STREET STREET

EXAMINER'S INITIALS:

03 JAN 15 PH 3:58

RECEIVED