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FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90134 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000265

1. Corporation Name
M. WILE & COMPANY, INC.

Principal Place of Business
2020 ELMWOOD AVE
BUFFALO NY 14207

Mailing Address
2020 ELMWOOD AVE
BUFFALO NY 14207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/19/1994

4. FEI Number
16-0959019

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME PROCZKO, T
STREET ADDRESS 101 N WACKER DR
CITY-ST-ZIP CHICAGO IL 60606

TITLE CD ☐ DELETE
NAME PATEL, HOMI B
STREET ADDRESS 101 N. WACKER DR
CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ DELETE
NAME HAND, ELBERT O
STREET ADDRESS 101 N. WACKER DR
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ DELETE
NAME HOFFMAN, KENNETH A
STREET ADDRESS 101 N. WACKER DR
CITY-ST-ZIP CHICAGO IL

TITLE P ☐ DELETE
NAME CONTI, JOSEPH
STREET ADDRESS 1330 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ DELETE
NAME MORGAN, GLENN R.
STREET ADDRESS 101 N. WACKER DR
CITY-ST-ZIP CHICAGO IL

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

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 an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 312 372-6300

Date

Daytime Phone #

CR2E034 (11/98)

0556788