

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F94000000265**

1. Entity Name

**M. WILE & COMPANY, INC.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90067 003 \*\*\*150.00

Principal Place of Business

Mailing Address

2020 ELMWOOD AVE  
 BUFFALO NY 14207

2020 ELMWOOD AVE  
 BUFFALO NY 14207-1904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**16-0959019**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROCZKO, T</b>	NAME	
STREET ADDRESS	<b>101 N WACKER DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, HOMI B</b>	NAME	
STREET ADDRESS	<b>101 N. WACKER DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAND, ELBERT O</b>	NAME	
STREET ADDRESS	<b>101 N. WACKER DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMAN, KENNETH A</b>	NAME	
STREET ADDRESS	<b>101 N. WACKER DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONTI, JOSEPH</b>	NAME	
STREET ADDRESS	<b>1330 AVENUE OF THE AMERICAS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, GLENN R.</b>	NAME	
STREET ADDRESS	<b>101 N. WACKER DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	CITY-ST-ZIP	

13. 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 11 or Block 12 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

**Taras R. Proczko, Secretary**

Date

**03/29/00**

Daytime Phone #

**312 357-5321**

CR2E034 (9/99)