

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90031 001 ***150.00

DOCUMENT # F94000000265

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

Principal Place of Business Mailing Address
2020 ELMWOOD AVE **2020 ELMWOOD AVE**
BUFFALO NY 14207 **BUFFALO NY 14207**

00032750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 16-0959019		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROCZKO, T			NAME			
STREET ADDRESS	101 N WACKER DR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, HOMI B			NAME			
STREET ADDRESS	101 N. WACKER DR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAND, ELBERT O			NAME			
STREET ADDRESS	101 N. WACKER DR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH A			NAME			
STREET ADDRESS	101 N. WACKER DR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONTI, JOSEPH			NAME			
STREET ADDRESS	1330 AVENUE OF THE AMERICAS			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORGAN, GLENN R.			NAME			
STREET ADDRESS	101 N. WACKER DR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			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: *Taras R. Proczo* Taras R. Proczo, Secretary 3/26/01 (312) 357-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)