

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000000265**

1. Entity Name

M. WILE & COMPANY, INC.

Principal Place of Business

**2020 ELMWOOD AVE
BUFFALO NY 14207**

Mailing Address

**2020 ELMWOOD AVE
BUFFALO NY 14207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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. Proczko, Secretary

3/26/01

(312) 357-5321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-07-2001 90031 001 ***150.00

00032750

DO NOT WRITE IN THIS SPACE

4. FEI Number **16-0959019**

Applied For

Not Applicable

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

CR2E034 (10/00)