


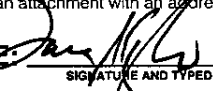
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90379 001 ***450.00

66416711



| | | | |
|---|--|---|---|
| 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 c/o Hartmarx 101 N. Wacker | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 2300 | |
| City & State | | City & State Chicago, IL | |
| Zip | Country | Zip | Country |
| 60606 | USA | 60606 | USA |
| 4. FEI Number 16-0959019 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. 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 | V <input checked="" type="checkbox"/> Delete | TITLE | Group Exec. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAND, ELBERT O | NAME | Gregory G. Mergel |
| STREET ADDRESS | 101 N. WACKER DR | STREET ADDRESS | 2020 Elmwood Ave |
| CITY-ST-ZIP | CHICAGO, IL | CITY-ST-ZIP | Buffalo, NY 14207 |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOFFMAN, KENNETH A | NAME | Richard L. Biegel |
| STREET ADDRESS | 101 N. WACKER DR | STREET ADDRESS | 101 N. Wacker Dr |
| CITY-ST-ZIP | CHICAGO, IL | CITY-ST-ZIP | Chicago, IL 60606 |
| TITLE | PCOD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEINER, STEPHEN J | NAME | |
| STREET ADDRESS | 2020 ELMWOOD AVE | STREET ADDRESS | |
| CITY-ST-ZIP | BUFFALO, NY 14207 | 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 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. | | | |
| SIGNATURE  | | Taras R. Proczko, Secretary 4/19/04 (312) 357-5321 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |