

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90235 001 ***450.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # F9400000265 | |  | |
| 1. Entity Name M. WILE & COMPANY, INC. | | | |
| Principal Place of Business 2020 ELMWOOD AVE BUFFALO NY 14207 | | Mailing Address C/O HARTMARX 101 N WACKER, STE. 2300 CHICAGO IL 60606 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/04)

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

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | GEV | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MERGEL, GREGORY G | | | NAME | | | |
| STREET ADDRESS | 2020 ELMWOOD AVE. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BUFFALO NY 14207 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BIEGEL, RICHARD L | | | NAME | | | |
| STREET ADDRESS | 101 N WACKER DR. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHICAGO IL 60606 | | | CITY-ST-ZIP | | | |
| 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Taras R. Proczko* Taras R. Proczko, Secy. 4/18/05 (312) 357-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #