## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # F94000000265

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



## **FILED** Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90367 049 \*\*\*150.00

W. WILL & COMPAINT, 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.			04062006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State			4. FEI Number 16-095				oplied For	
Zip	Country	Zip	Country			of Status Desired		8.75 Add	litional	
<del></del>	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New				
				Name						
110 N. MA	ITICE-HALL CORPORATION GNOLIA ST SSEE, FL 32301	SYSTEM, INC.	TEM, INC. Street Address		P.O. Box Numb	er is Not Acceptab	le)			
			City	<u></u>			FL	Zip Cod	e	
	named entity submits this statement for some statement from the statem	or the purpose of changing its reg	gistered office or	r registere	ed agent, or bo	th, in the State of F		amiliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agen	t and title if applicable (NOTF: Re	gistered Agent signat	ure required	when reinstating)		DATE			
	organization (space of printed ratios of logistical ages)	(1012) To	gisto ou ngoik signal	are required	whom randeasing)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaign Trust Fund Contribu			00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME	SD PROCZKO, T	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS	101 N WACKER DR		STREET ADDRESS					•		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP							
TITLE	CD	☐ Delete	TITLE					Change	Addition	
NAME	PATEL, HOMI B		NAME							
STREET ADDRESS CITY-ST-ZIP	101 N. WACKER DR		STREET ADDRESS							
	CHICAGO, IL GEV		CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·				
TITLE NAME	MERGEL, GREGORY G	☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS	2020 ELMWOOD AVE.		STREET ADDRESS							
CITY-ST-ZIP	BUFFALO, NY 14207		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE					Change	Addition	
NAME	BIEGEL, RICHARD L		NAME							
STREET ADDRESS	101 N WACKER DR.		STREET ADDRESS							
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP					VV		
TITLE	PCOD	☐ Delete	TITLE	GPCO	0			Change	Addition	
NAME STREET ADDRESS	WEINER, STEPHEN J 2020 ELMWOOD AVE		NAME STREET ADDRESS		er, Step					
CITY-ST-ZIP	BUFFALO, NY 14207		CITY-ST-ZIP		Elmwood					
TITLE	VD	☐ Delete	TITLE	Buffa	<del>alo, NY</del>	14207		☐ Change	Addition	
NAME	MORGAN, GLENN R.		NAME					_ •	-	
STREET ADDRESS	101 N. WACKER DR		STREET ADDRESS							
CITY - ST - ZIP	CHICAGO, IL		CITY-ST-ZIP	1						

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Taras R. Proczko, Secretary

4/7/06 312.357.5321

Daytime Phone #