


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 016 ***150.00

DOCUMENT # F94000003281 1. Entity Name WILDECK, INC.					
Principal Place of Business 2345 WAUKEGAN RD BANNOCKBURN, IL 60015			Mailing Address 2345 WAUKEGAN RD BANNOCKBURN, IL 60015		
2. Principal Place of Business 405 COMMERCE ST		3. Mailing Address 500 LAKE COOK ROAD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. SUITE 400			
City & State WAUKESHA, WI		City & State DEERFIELD, IL		4. FEI Number 39-1454712	
Zip 53187		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P LAIRD, RALPH 405 COMMERCE ST WAUKESHA, WI	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, D.H. 2345 WAUKEGAN RD BANNOCKBURN, IL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HAAS, JOSEPH S 2345 WAUKEGAN RD BANNOCKBURN, IL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORVINO, JOHN P 2345 WAUKEGAN RD BANNOCKBURN, IL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERNS, MICHAEL J 405 COMMERCE ST WAUKESHA, WI	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PIGNOLET, KEITH 405 COMMERCE ST WAUKESHA, WI 53187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 LAKE COOK RD, STE 400 DEERFIELD, IL 60015				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 LAKE COOK RD, STE 400 DEERFIELD, IL 60015				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S ARTHUR R MILLER 500 LAKE COOK RD, STE 400 DEERFIELD, IL 60015				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
ARTHUR R. MILLER, SEC. 4/18/06 847-940-1500 <small>Date Daytime Phone #</small>					