


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # F94000003281 1. Entity Name WILDECK, INC.	
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Principal Place of Business 405 COMMERCE ST WAUKESHA, WI 53187	Mailing Address 500 LAKE COOK ROAD SUITE 400 DEERFIELD, IL 60015
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04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1454712	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

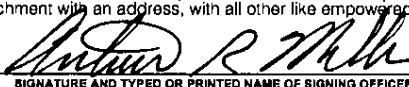
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAIRD, RALPH 405 COMMERCE ST WAUKESHA, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, D.H. 500 LAKE COOK RD., SUITE 400 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HAAS, JOSEPH S 500 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ARTHUR R 500 LAKE COOK RD., SUITE 400 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERNS, MICHAEL J 405 COMMERCE ST WAUKESHA, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PIGNOLET, KEITH 405 COMMERCE ST WAUKESHA, WI 53187

U000000737598
05/11/07-80034-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **ARTHUR R. MILLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SECRETARY** **4/24/07** **(847) 940-1500**
Date Daytime Phone #