2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003281

Entity Name: WILDECK, INC.

FILED Apr 09, 2009 Secretary of State

Littly Nai	me. WILDEON	i, iivo.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
405 COMN WAUKESH	MERCE ST HA, WI 53187					
Current Mailing Address:			New Mailing Address:			
500 LAKE COOK ROAD SUITE 400 DEERFIELD, IL 60015			500 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015			
FEI Number: 39-1454712 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
1200 S. PII PLANTATI The above	e of Florida.	US	ourpose of changing i	its registered	office or registered agent, or both,	
0.011, (10.		ic Signature of Registered Ag	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () LAIRD, RALPH 405 COMMERC WAUKESHA, W		Title: Name: Address: City-St-Zip:	D (X LAIRD, RALPH 405 COMMER WAUKESHA, Y	CE ST	
Title: Name: Address: City-St-Zip:	HAAS, JOSEPH	ROAD, SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLER, ARTHU	K RD., SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () BERNS, MICHAI 405 COMMERC WAUKESHA, W	E ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () PIGNOLET, KEI 405 COMMERC WAUKESHA W	E ST	Title: Name: Address: City-St-Zin:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR R MILLER S 04/09/2009