

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90006 022 ***150.00

DOCUMENT # F96000000707

1. Entity Name

WHP HEALTH INITIATIVES, INC.

Principal Place of Business

Mailing Address

**200 WILMOT RD.
 DEERFIELD IL 60015**

**200 WILMOT RD.
 DEERFIELD IL 60015-4620**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4049815

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PDC HALASKA, ROBERT**
 STREET ADDRESS **200 WILMOT RD.**
 CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V PALIZZA, JOHN M**
 STREET ADDRESS **200 WILMOT RD.**
 CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE Change Addition
 NAME **A. J. Hans**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VSD KING, E H**
 STREET ADDRESS **200 WILMOT RD.**
 CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T KELLEN, M.E.**
 STREET ADDRESS **300 WIMOT RD**
 CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD BERNAUER, DAVID W**
 STREET ADDRESS **4 CONVENTRY**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP GODFREY, NANCY J**
 STREET ADDRESS **1318 N ELLIOTT**
 CITY-ST-ZIP **PARK RIDGE IL 60068**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Kellen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.E. Kellen, Treasurer

Date

Daytime Phone #

4/20/00

CR2E034 (9/99)