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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DOCUMENT # 1. Corporation Name	F97000006567
GWC CORP.	

Principal Place of Business
% RELATIONAL FUNDING CORPORATION
3701 ALGONOUIN ROAD. SUITE 450
ROLLING MEADOWS IL 60009-3118

Mailing Address

% RELATIONAL FUNDING CORPORATION 3701 ALGONOUIN ROAD. SUITE 450 ROLLING MEADOWS IL 60008-3118

DIVISION OF CORPORATIONS

ROLLING MEADOWS IL 60008-3118 ROLLING MEADOWS IL 60008-3118		3	DO NOT WRITE IN THIS SPACE				
			 Date Incorporated or Qualife 12/12/1997 	ed ,			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21 FORMATS 2210 Tall Pines	Dr. 26 3701 Alexandrin Ros	rd	36-4157782	Not Applicable			
Suite, Apt. #, etc. 22 Suites 215/220	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State 23 Largo, Florida 34641	City & State 28 Rolling Meadows II.		6. Election Campaign Financin Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 34641 25 Hillsbo	Zip Co	ountry	8. This corporation owes the corporation owes the corporation owes the corporation owes the corporation of the corporation owes the corporation of the	urrent year Intangible ☐ Yes ☐ No			
24 34641			10. Name and Address of New Registered Agent				
LEXIS DOCUMENT SERVICES, INC. 3953 W.W. KELLEY ROAD		81 Nar	me				
		82 Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32311		83					

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was auti	horized by the corpora	orporation submits the ation's board of direction of the ation's board of directions are at the ation of the	nis statement for ctors. I hereby ac	the purpose occept the appo	f changing its r pintment as reg	registered istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: R	tegistered Agent signature requ	uired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	MORAND, JOHN M		1.2 NAME					
STREET ADDRESS	23149 PROVIDENCE		1.3 STREET ADDRESS					
CITY-ST-ZIP	KILDEER IL 60047		1.4 CITY-ST-ZIP					
TITLE	V	DELETE	2.1 TITLE				Change	Addition
NAME	FLAGSTAD. DANIEL G	_	2.2 NAME					
STREET ADDRESS	THE CAOT CODANITON AVENUE		2.3 STREET ADDRESS					
CITY-ST-ZIP	LAKE BLUFF IL 60044		2. 4 CITY-ST-ZIP			•		
TITLE	VS	DELETE	3.1 TITLE				Change	Addition
NAME	BORDYN, DENNIS R		3.2 NAME					
STREET ADDRESS	532 65TH STREET		3.3 STREET ADDRESS					
CITY-ST-ZIP	DOWNERS GROVE IL 60516		3.4. CITY-ST-ZIP					
TITLE	DV	DELETE	4.1 TITLE				☐ Change	Addition
NAME	Posner, Kenneth R		4. 2 NAME					
STREET ADDRESS	1221 HINMAN		4.3 STREET ADDRESS					
CITY-ST-2IP	EVANSTON IL 60202		4.4 CITY-ST-ZIP					
TITLE	D	DELETE	5.1 TITLE				☐ Change	Addition
NAME	PRITZKER, THOMAS J		5.2 NAME					
STREET ADDRESS	2430 LAKEVIEW		5.3 STREET ADDRESS		•			
CITY-ST-ZIP	CHICAGO IL 60614		5.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME	HANDELSMAN, HAROLD S		6.2 NAME					
STREET ADDRESS	823 GREENLEAF		6.3 STREET ADDRESS					
CITY-ST-ZIP	GLENCOE IL 60022		6.4 CITY-ST-ZIP					

. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or or an attackment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OF PRINTED PARKE OF SIGNING OFFICER OF DIRECTOR

1 27 99 (847) 8(8-1700)

CR2E034 (11/98)