


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90133 002 ***150.00

0527905

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000006567					
1. Corporation Name GWC CORP.					
Principal Place of Business % RELATIONAL FUNDING CORPORATION 3701 ALGONQUIN ROAD, SUITE 450 ROLLING MEADOWS IL 60008-3118			Mailing Address % RELATIONAL FUNDING CORPORATION 3701 ALGONQUIN ROAD, SUITE 450 ROLLING MEADOWS IL 60008-3118		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2210 Tall Pines Dr.		26 3701 Algonquin Road		12/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suites 215/220		27 415		36-4157782	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Largo, Florida 34641		28 Rolling Meadows IL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 34641		25 Hillsborough		29 60008-3118	
30 USA		9. Name and Address of Current Registered Agent			
LEXIS DOCUMENT SERVICES, INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PTD 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 <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME V FLAGSTAD, DANIEL G			2.2 NAME		
STREET ADDRESS 715 EAST SCRANTON AVENUE			2.3 STREET ADDRESS		
CITY-ST-ZIP LAKE BLUFF IL 60044			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VS 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 <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DV POSNER, KENNETH R			4.2 NAME		
STREET ADDRESS 1221 HINMAN			4.3 STREET ADDRESS		
CITY-ST-ZIP EVANSTON IL 60202			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D 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 <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D 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		

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 (847) 818-1700
Date Daytime Phone #

CR2E034 (11/98)