

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAR 15 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006567**

1. Corporation Name

GWC, Inc.

2. Principal Office Address

c/o Relational Funding Corporation
3701 Algonquin Road
Suite, Apt. #, etc. **Rolling Meadows,**
IL 60008

City & State

Zip

Country

3. Mailing Office Address

Suite 600
Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/97

5. FEI Number

36-4157782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lexis Document Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

3953 W. W. Kelley Road

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/14/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED		
			500003855165--6

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOPE W. JORDAN, JR. VICE President & Secretary

Date

2/28/01

Daytime Phone #

847-818-1700

CR2E081 (9/00)

2 of 3

**GULFCOAST WORKSTATION CORP.
OFFICERS & DIRECTORS**

NAME	TITLE	HOME ADDRESS
John M. Morand	President, Treasurer & Director	3701 Algonquin Road, Suite 600 Rolling Meadows, IL 60008-3118
Daniel G. Flagstad	Senior Vice President	3701 Algonquin Road, Suite 600 Rolling Meadows, IL 60008-3118
Horace W. Jordan, Jr.	Vice President & Secretary	3701 Algonquin Road, Suite 600 Rolling Meadows, IL 60008-3118
Jay B. Simner	Vice President	3701 Algonquin Road, Suite 600 Rolling Meadows, IL 60008-3118
Mark S. Hoplamazian	Vice President & Director	200 West Madison Street Chicago, Illinois 60606
Thomas J. Pritzker	Director	200 West Madison Street Chicago, IL 60606
Harold S. Handelsman	Director	200 West Madison Street Chicago, IL 60606
Mary Catherine Sexton	Assistant Secretary	200 West Madison Street Chicago, IL 60606
Sylvia J. Metropoulos	Assistant Secretary	3701 Algonquin Road, Suite 600 Rolling Meadows, IL 60008-3118

ACCOUNT FILING COVER SHEET

283

ACCOUNT NUMBER: FCA000000005

REFERENCE:
(Sub Account)

1654808-1

DATE:

3-15

REQUESTOR NAME:

Lexis Document Services

ADDRESS:

TELEPHONE:

() () ext ()

CONTACT NAME:

CORPORATION NAME:

F9700000656.7

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard
Cynthia J. Woodyard



CERTIFIED COPY (1-9)
CERTIFICATE OF STATUS (1-9)
PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Hall Out

() Call if Problem
() Will Wait

() After 4:00
() Pick Up

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 MAR 15 PM 12:53

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RECEIVED

Reinstatement