

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0147474 AB

DOCUMENT # F97000006567

1. Entity Name
GWC CORP.



FILED

03 JUL 22 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O RELATIONAL FUNDING CORPORATION
3701 ALGONQUIN ROAD, STE. 600
ROLLING MEADOWS IL 60008

Mailing Address
C/O RELATIONAL FUNDING CORPORATION
3701 ALGONQUIN ROAD, STE. 600
ROLLING MEADOWS IL 60008

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 36-4157782

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICES COMPANY
1201 HAYS STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MORAND, JOHN M
3701 ALGONQUIN ROAD, STE. 600
ROLLING MEADOWS IL 60008 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Christopher M. Czaja
3701 Algonquin Road, Suite 600
Rolling Meadows, IL 60008 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
FLAGSTAD, DANIEL G
3701 ALGONQUIN ROAD, STE. 600
ROLLING MEADOWS IL 60008 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
JORDAN, HORACE W JR.
3701 ALGONQUIN ROAD, STE. 600
ROLLING MEADOWS IL 60008 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800021722138
07/22/03--01051--001 **\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
METROPOULOS, SYLVIA J
3701 ALGONQUIN ROAD, STE. 600
ROLLING MEADOWS IL 60008 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HOPLAMAZIAN, MARK S
200 WEST MADISON STREET
CHICAGO IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

July 15, 2003 847-818-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Horace W. Jordan, Jr. Vice President and Secretary

Date Daytime Phone #

CR2E034 (4/03)