

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12346

Entity Name: WHITECO INDUSTRIES, INC.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

1000 EAST 80TH PLACE
SUITE 700 NORTH
MERRILLVILLE, IN 46410

New Principal Place of Business:

Current Mailing Address:

1000 EAST 80TH PLACE
SUITE 700 NORTH
MERRILLVILLE, IN 46410

New Mailing Address:

FEI Number: 35-0753770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: WHITE, DEAN V.,
Address: 1111 WHITEHALL DRIVE
City-St-Zip: CROWN POINT, IN

Title: VD () Delete
Name: KACKOS, DENNIS E.,
Address: 324 ST. DUNSTAN DRIVE
City-St-Zip: SCHERERVILLE, IN

Title: PD () Delete
Name: PETERMAN, JOHN M.,
Address: 615 EAST BROOKSIDE DRIVE
City-St-Zip: CROWN POINT, IN

Title: S () Delete
Name: BOWMAN, CAROL ANN
Address: 516 GLADE PLACE
City-St-Zip: VALPARAISO, IN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: WHITE, DEAN V.,
Address: 1111 WHITEHALL DRIVE
City-St-Zip: CROWN POINT, IN 46307

Title: VD (X) Change () Addition
Name: KACKOS, DENNIS E.,
Address: 324 ST. DUNSTAN DRIVE
City-St-Zip: SCHERERVILLE, IN 46375

Title: PD (X) Change () Addition
Name: PETERMAN, JOHN M.,
Address: 615 EAST BROOKSIDE DRIVE
City-St-Zip: CROWN POINT, IN 46307

Title: S (X) Change () Addition
Name: BOWMAN, CAROL ANN
Address: 516 GLADE PLACE
City-St-Zip: VALPARAISO, IN 46383

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ANN BOWMAN

S

01/12/2004

Electronic Signature of Signing Officer or Director

Date