

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-01-1999 90181 015 ***150.00

DOCUMENT # P18669

Corporation Name
WICKES LUMBER COMPANY



Principal Place of Business
DEERPATH DRIVE
HILLS IL 60061

Mailing Address
706 DEERPATH DRIVE
VERNON HILLS IL 60061

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 36-3554758	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.					
84. City					

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, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CEO WILSON, J STEVEN 706 DEERPATH DR VERNON HILLS IL D		<input type="checkbox"/> DELETE		1.1 TITLE Director 1.2 NAME Robert T. Shaw 1.3 STREET ADDRESS 706 Deerpath Drive 1.4 CITY-ST-ZIP Vernon Hills IL 60061 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
ERNEST, ALBERT JR. 706 DEERPATH DR VERNON HILLS IL D		<input type="checkbox"/> DELETE		2.1 TITLE Director 2.2 NAME Harry T. Carneal 2.3 STREET ADDRESS 706 Deerpath Drive 2.4 CITY-ST-ZIP Vernon Hills, IL 60061 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
LUERS, WILLIAM H 706 DEERPATH DR VERNON HILLS IL D		<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
KIRSCHNER, KENNETH M. 706 DEERPATH DR VERNON HILLS IL D		<input checked="" type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
MULCAHY, ROBERT E. III 706 DEERPATH DR VERNON HILLS IL D		<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
SCHULTZ, FREDERICK H. 706 DEERPATH DR VERNON HILLS IL D		<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Finkenstaedt 2/2/99 847-362-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)