## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # P18669** WICKES LUMBER COMPANY 04-12-2000 90050 042 \*\*\*150.00 Principal Place of Business Mailing Address 706 DEERPATH DRIVE 706 DEERPATH DRIVE VERNON HILLS IL 60061-1802 VERNON HILLS IL 60061 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-3554758 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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 处理的证明的。 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 fax filing requisions (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO ☐ Addition ☐ Delete TITLE TITLE WILSON, J STEVEN NAME NAME 706 DEERPATH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **VERNON HILLS IL** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ERNEST, ALBERT JR. NAME NAME 706 DEERPATH DR STREET ADDRESS STREET ADDRESS **VERNON HILLS IL** CITY-ST-ZIP CITY-ST-ZIP Addition .D.... ☐ Delete TITLE - - 🗀 Change TITLE LUERS. WILLIAM H NAME NAME 706 DEERPATH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERNON HILLS IL CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE SHAW, ROBERT T NAME NAME 706 DEERPATH DR STREET ADDRESS STREET ADDRESS **VERNON HILLS IL 60061** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE MULCAHY, ROBERT E. III NAME NAME 706 DEERPATH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **VERNON HILLS IL** Change ☐ Addition ☐ Delete TITLE TITLE SCHULTZ, FREDERICK H. NAME NAME 706 DEERPATH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERNON HILLS IL 13. 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 11 or Block 12 if changed, or on an attachment with ac addres s, with all ther like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR