

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34422

1. Entity Name

WHCC, Inc.

Principal Place of Business

900 North Michigan Avenue
Chicago, Illinois 60611

Mailing Address

900 North Michigan Avenue
Chicago, Illinois 60611

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-1809819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director ☐ Delete
NAME Nickelle, Gary
STREET ADDRESS 900 North Michigan Avenue
CITY-ST-ZIP Chicago, Illinois 60611

TITLE President ☐ Delete
NAME Motta, James D.
STREET ADDRESS 7900 Glades Road
CITY-ST-ZIP Boca Raton, Florida 33434

TITLE Treasurer ☐ Delete
NAME Lovelette, Stephen A.
STREET ADDRESS 900 North Michigan Avenue
CITY-ST-ZIP Chicago, Illinois 60611

TITLE Secretary ☐ Delete
NAME Nielsen, Paul C.
STREET ADDRESS 900 North Michigan Avenue
CITY-ST-ZIP Chicago, Illinois 60611

TITLE Assistant Secretary ☐ Delete
NAME O'Mahoney, Karen M.
STREET ADDRESS 900 North Michigan Avenue
CITY-ST-ZIP Chicago, Illinois 60611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an address, with all other like empowered.

SIGNATURE: Karen M. O'Mahoney

Karen M. O'Mahoney 04/26/01 (312) 915-1969

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90361 007 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)