

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90123 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34422

1. Entity Name:

WHCC, INC.

636144

DO NOT WRITE IN THIS SPACE

| | | | |
|-----------------------------------|----------------|-----------------------------------|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| 900 North Michigan Avenue | | 900 North Michigan Avenue | |
| Suite Apt # etc. Suite 900 | | Suite Apt # etc. Suite 900 | |
| City & State Chicago, Illinois | | City & State Chicago, Illinois | |
| Zip 60611 | Country USA | Zip 60611 | Country USA |

DO NOT WRITE IN THIS SPACE

4. FFL Number
58-1809819

5. Conf. Line of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation FL Zip Code
33324

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 date of signature

Signature typed or printed name of registered agent and date of signature

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY ST ZIP | Director Gary Nickle 900 North Michigan Avenue Chicago, Illinois 60611 | TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | President James D. Motta 7900 Glades Road Boca Raton, Florida 33434 | TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Treasurer Stephen A. Lovelette 900 North Michigan Avenue Chicago, Illinois 60611 | TITLE NAME STREET ADDRESS CITY ST ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Secretary Paul C. Nielsen 900 North Michigan Avenue Chicago, Illinois 60611 | TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Assistant Secretary Karen M. Ewing 900 North Michigan Avenue Chicago, Illinois 60611 | TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | TITLE 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)(b), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Karen M. Ewing*

Asst. Secretary 03/25/02 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034B (12/01)