

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90256 029 \*\*\*150.00

**DOCUMENT # P34422**

1. Entity Name  
WHCC, INC.



Principal Place of Business  
900 NORTH MICHIGAN AVENUE  
SUITE 1400  
CHICAGO, IL 60611 US

Mailing Address  
900 NORTH MICHIGAN AVENUE  
SUITE 1400  
CHICAGO, IL 60611 US



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-1809819

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME NICKELE, GARY  
STREET ADDRESS 900 N. MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO, IL 60611

TITLE P  
NAME MOTTA, JAMES  
STREET ADDRESS 7900 GLADES ROAD  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE T  
NAME LOVELETTE, STEPHEN A  
STREET ADDRESS 900 N. MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO, IL 60611

TITLE AS  
NAME EWING, KAREN M  
STREET ADDRESS 900 N. MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO, IL 60611

TITLE S  
NAME NIELSEN, PAUL C  
STREET ADDRESS 900 N. MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO, IL 60611

TITLE V  
NAME LASSMAN, MARK D  
STREET ADDRESS 7900 GLADES ROAD  
CITY-ST-ZIP BOCA RATON, FL 33434

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Karen M. Ewing Karen Ewing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

Date

312/915-1969

Daytime Phone #