FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090147 (6)

1. Corporation Name

WILROAD INC.

Principal Place of Business
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308

Mailing Address
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 11/28/1995

3a. Date of Last Report:

4. FEI Number: 36-4053501 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

SCHOW, HORACE II
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HEMITAGE BOULEVARD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	☐ DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	1801 HEMITAGE BOULEVARD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE	V/AS	☐ Change ☒ Addition
3 2 NAME	Thomas M. Burdi	
3 3 STREET ADDRESS	180 N. LaSalle Street	
3 4 CITY-ST-ZIP	Chicago, Illinois 60601	
4 1 TITLE	S	☐ Change ☒ Addition
4 2 NAME	John W. Noell	
4 3 STREET ADDRESS	180 N. LaSalle Street	
4 4 CITY-ST-ZIP	Chicago, Illinois 60601	
5 1 TITLE	V/T/AS	☐ Change ☒ Addition
5 2 NAME	Roger E. Smith	
5 3 STREET ADDRESS	180 N. LaSalle Street	
5 4 CITY-ST-ZIP	Chicago, Illinois 60601	
6 1 TITLE	P	☐ Change ☒ Addition
6 2 NAME	Howard J. Edelman	
6 3 STREET ADDRESS	180 N. LaSalle Street	
6 4 CITY-ST-ZIP	Chicago, Illinois 60601	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Thomas M. Burdi Thomas M. Burdi, V.P. — 4/26/96 — (312) 855-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)