## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT #

P95000090147 (6)

WILROAD INC.

Principal Place of Business.

Maling Address

C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308 C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308-7703 FILED Feb 20 1997 8:00am Secretary of State



TALLAHASSEE FL 32308  2. Procupa Plane of Business		TALLAHASSEE FL 32308-7703		3. Date Incorporated or Qualified 11/28/1995	11/28/1995 05/01/1996			
		2a. Mailing Address			4. FEI Number		Ар	plied For
21 1801 H	Hermitage Blvd.	26 1801 Hermita	ge B	lvd.	36-4053501		No	t Applicable
Sule Apt #	_	Suite, Apt. #, etc. 27 Suite 100		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State				6. Election Campaign Financing \$5.		\$5.00	May Re	
23 Tallah	nassee, FL	28 Tallahassee.	FI.		Trust Fund Contribution		Added to	•
Zip	Country	Zip	Co	ountry	8. This corporation has liability for	intanolble tax	under s.	199.032
<sub>24</sub> 32308	25 US	29 32308	30	US		Yes 🗓		
	9. Name and Address of Current	t Registered Agent	· L	]	10. Name and Address of New Re	gistered Age	ent	***************************************
SCH	IOW. HORACE II			81 Name D	avid E. Todd			
	1 HERMITAGE BOULEVARD			82 Street Ad	dress (P.O. Box Number is Not Acceptate	ole)		
	LAHASSEE FL 32308			Sireet Au	801 Hermitage Blvd.	ne)		
(A)	DA MOOLE 1 E OFOCO				Suite 100			
					uite 100			
				84 City	2011-hanna	FL "	35 Zip C 323	Code
11 Core cont.	to the rate of some of Specimen 607.050	2 and 607 1508 Florida Statut	oc the	above named co	'allahassee	auroce of ch	anging its	c registered
office or re	g stered agent, or both, in the State	of Florida, Such change was a	authoriza	ed by the corpor	orporation submits this statement for the paration's board of directors. I hereby acce	pt the appoin	lment as	registered
· · · · · · · · · · · · · · · · · · ·	Tan tay with and accept the conga				01 01		97	
SIGNATURI	Soprature Pyre recept reference of register e larger	DAVIG E. IOG	A1 و O Benister	8818CANC	General Counsel	DATE		
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFIC			S IN 12
Total E	D	DELETE	11	TITLE			Change	Addition
i				1	ſ	•		-
NAME.	PO-NIME II INNIMA AN W		12	NAME !	·			
NAME :	BENNETT, DOUGLAS W			NAME CIRCET ADDRESS	,			
STREET ADDRESS	1801 HEMITAGE BOULEVARD		1.3	STREET ADDRESS	·			
STREET ADDRESS:	1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308	D OG ETC	1.33	STREET ADDRESS CITY-ST-ZIP			Change	Addition
STREET ADDRESS: City SE VIE TITLE	1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 D	OELETE	1.33 1.40 2.1	STREET ADDRESS CITY-ST-ZIP TITLE			Change	Addition
STREET ADDRESS  CMY SE VIP THEF  NAME	1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 D MILLER, TODD A	OELETE	1.3 : 1.4 ( 2.1 ) 2.2	STREET ADDRESS CITY-ST-ZIP TITLE NAME	·	<u>[</u>	Change	Addition
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STREET ADDRESS  CMY SE 7/P  THEF  NAM:	1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 D MILLER, TODD A 1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308		1.33 1.40 2.1 2.2 2.31 2.4	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
STREET ADDRESS  CHY SE ZIP  THEF  NAM: STREET ACCORE SE	1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 D MILLER, TODD A 1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 VAS	□ DELETE	1.33 1.40 2.1 2.2 2.31 2.4	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Change Change	Addition
STREET ADDRESS  CMY SE ZIP  THEF  NAM:  STREET ADDRESS  CHY S. ZIP	1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 D MILLER, TODD A 1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308		1.33 1.40 2.17 2.21 2.31 2.4 3.17	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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STREET ADDRESS OUT SEZIP THEF NAM: STREET ADDRESS OUT SEZIP HET NAME	1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 D MILLER, TODD A 1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 VAS BURDI, THOMAS		1.3.1.4.1 2.1.1 2.2.2.2.3 2.4.4 3.1.1 3.2.1 3.3.1	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
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STREET ACCRECAS  ONLY SELVIP  THEF  NAM: SEREE ACCRECAS  GITY SOLVIP  BYTE  NAME SEREEL ACCRECAS  GITY SOLVIP  THEF  NAME STREET ACCRECAS  CHYSICAL  NAME STREET ACCRECAS  NAME STREET ACCRECAS	1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 D MILLER, TODD A 1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 VAS BURDI, THOMAS 180 N. LASALLE STREET CHICAGO IL S NOELL, JOHN W. C180 N. LASALLE STREET CHICAGO IL VTS SMITH, ROGER E. 180 N. LASALLE STREET	☐ DELETE	1.3: 1.40 2.1 2.2 2.3: 2.4 3.1 3.2 3.3: 3.4 4.1 4.2 4.3: 4.4: 5.1 5.2 6.3:	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS			Change Change	Addition Addition
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STREET ACCRECAS CHY SEZIP THEF NAM: SCHEE ACCRECAS CHY SEZIP DOLL NAME SCHEET ACCRECAS CHY SEZIZP THEF THEF THEF THEF THEF THEF THEF THEF	1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 D MILLER, TODD A 1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308 VAS BURDI, THOMAS 180 N. LASALLE STREET CHICAGO IL S NOELL, JOHN W. C180 N. LASALLE STREET CHICAGO IL VTS SMITH, ROGER E. 180 N. LASALLE STREET CHICAGO IL P	☐ DELETE	1.3: 1.4.0 2.1 2.2 2.3: 2.4 3.1 3.2: 3.3: 3.4 4.1 4.2 4.3: 5.1 5.2 5.3: 5.4 6.1	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME			Change Change	Addition  Addition
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I do hereby cert by 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 intended entities and 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 Larrian 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

Douglas W. Bennett, Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Priorie #