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Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32308-7703



2. Principal Place of Business
21 1801 Hermitage Blvd.
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Tallahassee, FL
Zip Country
24 32308 25 US

2a. Mailing Address
26 1801 Hermitage Blvd.
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Tallahassee, FL
Zip Country
29 32308 30 US

3. Date Incorporated or Qualified 11/28/1995
3a. Date of Last Report 05/01/1996
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

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 David E. Todd
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Blvd.
83 Suite 100
84 City Tallahassee FL 85 Zip Code 32308

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 David E. Todd, Assistant General Counsel 1-22-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BENNETT, DOUGLAS W 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	
TITLE	D MILLER, TODD A 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-STATE-ZIP		24 CITY-STATE-ZIP	
TITLE	VAS BURDI, THOMAS 180 N. LASALLE STREET CHICAGO IL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	S NOELL, JOHN W. C180 N. LASALLE STREET CHICAGO IL	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	VTS SMITH, ROGER E. 180 N. LASALLE STREET CHICAGO IL	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	P EDELMAN, HOWARD J. 180 N. LASALLE STREET CHICAGO IL	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do 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 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 (changed, or on an attachment with an address.

SIGNATURE: Douglas W. Bennett, Director 2-3-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)