


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000002211  
1. Entity Name  
WMS INDUSTRIES INC.



Principal Place of Business      Mailing Address  
800 S NORTHPOINT BLVD      800 S NORTHPOINT BLVD  
WAUKEGAN, IL 60085      WAUKEGAN, IL 60085



01212005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-2814522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  
  
LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GAMACHE, BRIAN R 800 S. NORTHPOINT BLVD. WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP EDIDIN, ORRIN J 800 S. NORTHPOINT BLVD. WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFC ROGOWSKI, ROBERT R 800 S. NORTHPOINT BLVD. WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SCHWEINFURTH, SCOTT D 800 S NORTHPOINT BLVD WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCJOHN, KATHLEEN J 800 S NORTHPOINT BLVD WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICASTRO, LOUIS J 1194 N. LAKE WAY PALM BEACH, FL 33480

000000261949  
03/14/05-80033-006 150.00

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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)(f), 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: Kathleen J. McJohn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen J. McJohn  
Vice President, General Counsel and Secretary    34-05    847-785-3900

Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_