

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90036 018 \*\*\*150.00

0903791 AT

**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**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**36-2814522**       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**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	<b>PCEO</b> <input type="checkbox"/> Delete
NAME	<b>NICASTRO, LOUIS J</b>
STREET ADDRESS	<b>313 1/2 WORTH AVE., STE. 2</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MENELL, NORMAN J</b>
STREET ADDRESS	<b>3326 SABLE COVE</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228-4157</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BARTHOLOMAY, WILLIAM C</b>
STREET ADDRESS	<b>875 N. MICHIGAN AVE., 20TH FL.</b>
CITY-ST-ZIP	<b>CHICAGO IL 60611</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCKENNA, WILLIAM E</b>
STREET ADDRESS	<b>912 OXFORD WAY</b>
CITY-ST-ZIP	<b>BEVERLY HILLS CA 90210</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NICASTRO, NEIL D</b>
STREET ADDRESS	<b>3401 N. CALIFORNIA AVE.</b>
CITY-ST-ZIP	<b>CHICAGO IL 60618</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>REICH, HARVEY</b>
STREET ADDRESS	<b>1345 AVE. OF AMERICAS, 31ST FL.</b>
CITY-ST-ZIP	<b>NEW YORK NY 10105</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Louis Nicastro</b>
STREET ADDRESS	<b>313 1/2 Worth Ave., Ste 2</b>
CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLEASE SEE ATTACHED FOR COMPLETE OFFICER INFORMATION.</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDIDIN      1/30/02      Date      Daytime Phone #

CR2E034 (9/01)

**WMS INDUSTRIES INC.  
DIRECTORS & OFFICERS**

*Attachments # F9800000221*

**Officers**

---

President,  
Chief Executive Officer

Brian R. Gamache

WMS Industries Inc.  
800 S. Northpoint Blvd.  
Waukegan, IL 60085

Exec. Vice President,  
Chief Financial Officer,  
and Treasurer

Scott D. Schweinfurth

WMS Industries Inc.  
800 S. Northpoint Blvd.  
Waukegan, IL 60085

Executive Vice President,  
Chief Operating Officer  
General Counsel and  
Secretary

Orrin J. Edidin

WMS Industries Inc.  
800 S. Northpoint Blvd.  
Waukegan, IL 60085

Vice President Finance,  
and Controller

Robert R. Rogowski

WMS Industries Inc  
800 S. Northpoint Blvd.  
Waukegan, IL 60085

**Directors**

---

Nicastro, Louis J.  
Chairman of the Board

1194 N. Lake Way  
Palm Beach, FL 33480

Bartholomay, William C.

Near North National Group  
875 N. Michigan Ave., 20th Fl.  
Chicago, IL 60611

Gamache, Brian R.

WMS Industries Inc.  
800 S. Northpoint Blvd.  
Waukegan, IL 60085

McKenna, William E.

912 Oxford Way  
Beverly Hills, CA 90210

Menell, Norman J.

3326 Sabal Cove  
Longboat Key, FL 34228-4157

More, Donna B.

More Law Group  
.180 N. LaSalle - Suite 1415  
Chicago, IL 60601

Nicastro, Neil D.

Midway Games Inc.  
3401 N. California Ave.  
Chicago, IL 60618

Reich, Harvey

17 Nightingale Court  
Manhasset, NY 11030

Satz, David M. Jr.

Saiber Schlesinger Satz & Goldstein  
One Gateway Center, 13<sup>th</sup> Floor  
Newark, NJ 07102-5311

Sheinfeld, Ira S.

Squadron, Ellenoff, Plesent & Sheinfeld LLP  
551 Fifth Avenue, 23rd Flr.  
New York, NY 10176-0001

*4/21/87*