

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 JUN 20 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F980000002211

1. Entity Name  
WMS INDUSTRIES INC.

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

03

2. Principal Place of Business  
800 S. NORTHPOINT BLVD.

3. Mailing Address  
800 S. NORTHPOINT BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WAUKEGAN, IL

City & State  
WAUKEGAN IL

4. FEI Number  
36-2814522

Applied For  
Not Applicable

Zip  
60085

Country  
USA

Zip  
60085

Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
LEXISNEXIS DOCUMENT SOLUTIONS  
Street Address (P.O. Box Number is Not Acceptable)  
3953 W KELLEY ROAD

City  
TALLAHASSEE FL Zip Code  
32311

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

EXEC VP & COO

6/17/03 847 785 3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXHIBIT A

**WMS INDUSTRIES INC.  
OFFICERS & DIRECTORS**

Officers

President, Chief Executive Officer	Brian R. Gamache ✓	WMS Industries Inc. 800 S. Northpoint Blvd. Waukegan, IL 60085
Exec. Vice President, Chief Financial Officer, & Treasurer	Scott D. Schweinfurth ✓	WMS Industries Inc. 800 S. Northpoint Blvd. Waukegan, IL 60085
Executive Vice President, Chief Operating Officer	Orrin J. Edidin ✓	WMS Industries Inc. 800 S. Northpoint Blvd. Waukegan, IL 60085
VP, General Counsel, & Secretary	Kathleen J. McJohn ✓	WMS Industries Inc. 800 S. Northpoint Blvd. Waukegan, IL 60085
VP, Finance, & Controller	Robert R. Rogowski ✓	WMS Industries Inc. 800 South Northpoint Blvd Waukegan, IL 60085

Directors

Nicastro, Louis J. Chairman	1194 N. Lake Way Palm Beach, FL 33480
Menell, Norman J.	3326 Sabal Cove Longboat Key, FL 34228-4157
Bartholomay, William C.	Near North National Group 875 N. Michigan Ave., 20th Fl. Chicago, IL 60611
McKenna, William E.	912 Oxford Way Beverly Hills, CA 90210
Nicastro, Neil D.	Midway Games Inc. 3401 N. California Ave. Chicago, IL 60618
Reich, Harvey	40 Cutter Mill Road Great Neck, NY 11021
Sheinfeld, Ira S.	Squadron, Ellenoff, Plesent & Sheinfeld LLP 551 Fifth Avenue, 23rd Fl. New York, NY 10176-0001
Satz, David M. Jr.	Saiber Schlesinger Satz & Goldstein One Gateway Center, 13 <sup>th</sup> Floor Newark, NJ 07102-5311

3/4

More, Donna B

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

Brian R. Gamache

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

ACCOUNT FILING COVER SHEET

4/4

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2040042-2  
(Sub Account)

DATE: 6/20

REQUESTOR NAME: Lexis Document Services

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME WMS Industries Inc.

RECEIVED  
03 JUN 20 AM 11 52  
DIVISION OF CORPORATION

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

558.75

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up