


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000002211**  
 1. Entity Name  
**WMS INDUSTRIES INC.**



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

Mailing Address  
**800 S NORTHPOINT BLVD**  
**WAUKEGAN, IL 60085**

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-2814522</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee 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, 2004 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

400000027698  
 02/03/04-80055-025 300.00

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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 Date: 1-22-04 Daytime Phone #: (847)785-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR