



Naperville

CITY OF NAPERVILLE

**PETITIONER/APPLICANT - DISCLOSURE OF BENEFICIARIES**

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

1. Petitioner: M/I Homes of Chicago, LLC, a Delaware limited liability company  
Address: 2135 City Gate Lane, Suite 620  
Naperville, IL 60563
2. Nature of Benefit sought: Sign Variance
3. Nature of Petitioner (select one):

|   |   |
|---|---|
| <input type="checkbox"/> Individual         | <input type="checkbox"/> Partnership                                    |
| <input type="checkbox"/> Corporation        | <input type="checkbox"/> Joint Venture                                  |
| <input type="checkbox"/> Land Trust/Trustee | <input checked="" type="checkbox"/> Limited Liability Corporation (LLC) |
| <input type="checkbox"/> Trust/Trustee      | <input type="checkbox"/> Sole Proprietorship                            |
4. If Petitioner is an entity other than described in Section 3, briefly state the nature and characteristics of Petitioner:  

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5. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):
  - **Limited Liability Corporation (LLC):** The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
  - **Corporation:** The name and address of all corporate officers; the name and address of every person who owns five percent (5%) or more of any class of stock in the corporation; the State of incorporation; the address of the corporation's principal place of business. If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
  - **Trust or Land Trust:** The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
  - **Partnerships:** The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.
  - **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
  - **Sole Proprietorship:** The name and address of the sole proprietor and any assumed name.
  - **Other Entities:** The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.

M/I Homes of Chicago, LLC, is a wholly-owned subsidiary of M/I Homes, Inc. - a publicly traded corp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name, address and capacity of person making this disclosure on behalf of the Petitioner:

Caillin E. Csuk - Attorney for Petitioner

445 Jackson Ave., Suite 200, Naperville, IL 60540

VERIFICATION

I, Caillin E. Csuk (print name), being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact.

Signature: Caillin E. Csuk

Subscribed and Sworn to before me this 16 day of May, 20 25.

[Signature]  
Notary Public and seal





**CITY OF NAPERVILLE**

**PROPERTY OWNER - DISCLOSURE OF BENEFICIARIES**

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

1. Owner: Illinois Hospital Association, an Illinois not-for-profit corporation

Address: 1151 Warrenville Road

Naperville, IL 60563

2. Nature of Benefit sought: Sign Variance

3. Nature of Owner (select one):

- |   |  |
|---|--|
| <input type="checkbox"/> Individual             | <input type="checkbox"/> Partnership                         |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture                       |
| <input type="checkbox"/> Land Trust/Trustee     | <input type="checkbox"/> Limited Liability Corporation (LLC) |
| <input type="checkbox"/> Trust/Trustee          | <input type="checkbox"/> Sole Proprietorship                 |

4. If Owner is an entity other than described in Section 3, briefly state the nature and characteristics of Owner:

5. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):

- Limited Liability Corporation (LLC):** The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
- Corporation:** The name and address of all corporate officers; the name and address of every person who owns five percent (5%) or more of any class of stock in the corporation; the State of incorporation; the address of the corporation's principal place of business. If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
- Trust or Land Trust:** The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
- Partnerships:** The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.
- Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
- Sole Proprietorship:** The name and address of the sole proprietor and any assumed name.
- Other Entities:** The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.

See attached

6. Name, address and capacity of person making this disclosure on behalf of the Owner:

A.J. Wilhelmi, President & CEO

Illinois Health and Hospital Association, 1151 E. Warrenville Rd., Naperville, IL 60563

VERIFICATION

I, A.J. Wilhelmi (print name), being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the Owner, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact.

Signature: A.J. Wilhelmi

Subscribed and Sworn to before me this 20<sup>th</sup> day of May, 2025.

Michelle M Grobe  
Notary Public and seal



## PROPERTY OWNER - DISCLOSURE OF BENEFICIARIES

### Attachment

Response to Question 5(b) on Property Owner – Disclosure of Beneficiaries

1. **The name and address of all corporate officers**

Attached is a list of the corporate officers of the Illinois Health and Hospital Association (IHA).

2. **The name and address of every person who owns five percent (5%) or more of any class of stock in the corporation**

Not applicable.

IHA is an Illinois not-for-profit corporation. As such, there are no shareholders of the corporation.

3. **The State of incorporation**

Illinois.

4. **The address of the corporation's principal place of business**

1151 Warrenville Road, Naperville, IL 60563

5. **If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.**

Not applicable.

IHA is an Illinois domiciled not-for-profit corporation.

2025 IHA Board of Trustees

| IHA Board Title | Prefix | First Name | Last Name  | Company Name                             | Title           | Address                                   | City        | State | Zipcode    |
|-----------------|--------|------------|------------|--|-----------------|---|-------------|-------|------------|
| Chair           | Mr.    | Shawn P.   | Vincent    | Trinity Health Illinois/Loyola Medicine  | President & CEO | One Westbrook Corporate Center, Suite 840 | Westchester | IL    | 60154      |
| Chair-Elect     | Mr.    | Diamond W. | Boatwright | Hospital Sisters Health System           | President & CEO | 4936 LaVerna Road                         | Springfield | IL    | 62707      |
| Past Chair      | Mr.    | J.P.       | Gallagher  | Endeavor Health                          | President & CEO | 1301 Central Street                       | Evanston    | IL    | 60201-1613 |
| Treasurer       |        | Dia        | Nichols    | Advocate Health Care                     | President       | 2025 Windsor Drive                        | Oak Brook   | IL    | 60523      |
| Secretary       |        | Kim        | Uphoff     | Sarah Bush Lincoln Health System         | President & CEO | 1000 Health Center Dr                     | Mattoon     | IL    | 61938      |
| President       | Mr.    | A.J.       | Wilhelmi   | Illinois Health and Hospital Association | President & CEO | 1151 E. Warrenville Rd, P.O. Box 3015     | Naperville  | IL    | 60566      |