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):

☐ Individual	☐ Partnership
☐ Corporation	☐ Joint Venture
☐ Land Trust/Trustee	☒ Limited Liability Corporation (LLC)
☐ Trust/Trustee	☐ Sole Proprietorship

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

   _____

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:

Cailtin E. Csuk - Attorney for Petitioner

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

VERIFICATION

I, Caitlin 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: Caitlin E. Csuk

Subscribed and Sworn to before me this 16 day of May, 2025.

Notary Public and seal

MCKENNA THOMAS
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 08, 2027

Naperville

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):

☐ Individual	☐ Partnership
☒ Corporation	☐ Joint Venture
☐ Land Trust/Trustee	☐ Limited Liability Corporation (LLC)
☐ Trust/Trustee	☐ 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):

   a. **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.
   b. 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.
   c. **Trust or Land Trust:** The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
   d. 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.
   e. 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.
   f. **Sole Proprietorship:** The name and address of the sole proprietor and any assumed name.
   g. **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 20th day of May, 2025.

Michelle M Grobe

Notary Public and seal

MICHELLE M GROBE
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 24, 2026

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.	Damond 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