


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90159 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002902

1. Corporation Name
SERVICE ADMINISTRATORS, INC. (USA)



Principal Place of Business 400 BENEFICIAL CENTER PEAPACK NJ 07977	Mailing Address 300 BENEFICIAL CENTER PEAPACK NJ 07977
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2700 Sanders Road Suite, Apt. #, etc. 22 AHN: Tax Dept City & State 23 Prospect Heights, IL Zip Country 24 60070 25 COOK	2a. Mailing Address 26 (Same) Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 06/18/1993	4. FEI Number 84-6038195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, DANIEL R	1.2 NAME	
STREET ADDRESS	400 BENEFICIAL CENTER	1.3 STREET ADDRESS	2700 Sanders Road
CITY-ST-ZIP	PEAPACK NJ 07977	1.4 CITY-ST-ZIP	Prospect Heights, IL 60070
TITLE	AV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director of Financial Control <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONOUGH, JAMES J	2.2 NAME	Timothy J. Titus
STREET ADDRESS	300 BENEFICIAL CENTER	2.3 STREET ADDRESS	2700 Sanders Road
CITY-ST-ZIP	PEAPACK NJ 07977	2.4 CITY-ST-ZIP	Prospect Heights, IL 60070
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLLOWITZ, ROBERT S	3.2 NAME	Barbara L. Hill
STREET ADDRESS	400 BENEFICIAL CENTER	3.3 STREET ADDRESS	2700 Sanders Road
CITY-ST-ZIP	PEAPACK NJ	3.4 CITY-ST-ZIP	Prospect Heights, IL 60070
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFANGER, LAVERNE R	4.2 NAME	Lawrence N. Bangs
STREET ADDRESS	400 BENEFICIAL CENTER	4.3 STREET ADDRESS	2700 Sanders Road
CITY-ST-ZIP	PEAPACK NJ	4.4 CITY-ST-ZIP	Prospect Heights, IL 60070
TITLE	ASTD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, LEONARD M	5.2 NAME	Daniel R. O'Brien
STREET ADDRESS	400 BENEFICIAL CENTER	5.3 STREET ADDRESS	2700 Sanders Road
CITY-ST-ZIP	PEAPACK NJ	5.4 CITY-ST-ZIP	Prospect Heights, IL 60070
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNEMANN, GERARD	6.2 NAME	
STREET ADDRESS	400 BENEFICIAL CENTER	6.3 STREET ADDRESS	2700 Sanders Road
CITY-ST-ZIP	PEAPACK NJ 07977	6.4 CITY-ST-ZIP	Prospect Heights, IL 60070

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Hill Date: 3/30/99 Daytime Phone #: (847)564-6058

CR2E034 (11/98)