

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90045 005 \*\*\*150.00

**DOCUMENT # F93000002902**

1. Entity Name  
**SERVICE ADMINISTRATORS, INC. (USA)**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 2700 SANDERS RD 2700 SANDERS RD  
 ATTN: TAX DEPT ATTN: TAX DEPT  
 PROSPECT HEIGHTS IL 60070 PROSPECT HEIGHTS IL 60070-2701

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **84-6038195** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, DANIEL R	NAME	
STREET ADDRESS	2700 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	CITY-ST-ZIP	
TITLE	DFCT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITUS, TIMOTHY J	NAME	
STREET ADDRESS	2700 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, BARBARA L	NAME	
STREET ADDRESS	2700 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANOP, LAWRENCE N	NAME	
STREET ADDRESS	2700 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, DANIEL R	NAME	
STREET ADDRESS	2700 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	CITY-ST-ZIP	
TITLE	DVP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNEMANN, GERARD	NAME	
STREET ADDRESS	2700 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070	CITY-ST-ZIP	

SEE ATTACHED SCHEDULE

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Daniel ROBERT E. DANIEL

Date Daytime Phone #

(847) 514-6053 60702

CR2E034 (9/99)