
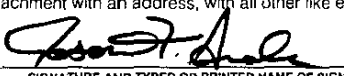


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91028 001 ***150.00

DOCUMENT # F93000002902			
1. Entity Name SERVICE ADMINISTRATORS, INC. (USA)			
Principal Place of Business 2700 SANDERS RD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070		Mailing Address 2700 SANDERS RD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2700 SANDERS ROAD		Suite, Apt. #, etc. 2700 SANDERS ROAD	
City PROSPECT HEIGHTS IL 60070		City PROSPECT HEIGHTS IL 60070	
Zip	Country	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD O'BRIEN, DANIEL R 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Patrick A. Cozza 200 Somerset Corporate Blvd. Bridgewater, NJ 08807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFCT TITUS, TIMOTHY J 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANGS, L N 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, J A 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Alan M. Kemensky <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDERSON, JT 25700 SANDERS RD PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCA LUNEMANN, GERARD 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  JASON T. Anderson / ASST. SEC.		Date: 4/23/04	Daytime Phone #: 847-564-6668