

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90095 005 \*\*\*150.00

DOCUMENT # F93000002902	
1. Entity Name SERVICE ADMINISTRATORS, INC. (USA)	

Principal Place of Business 200 SOMERSET CORP BLVD BRIDGEWATER, NJ 08807	Mailing Address 2700 SANDERS RD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	04222008	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>HSBC Finance Corporation</b>	4. FEI Number	Applied For	
City & State	City & State <b>Tax Department - 1 SW</b>	84-6038195	Not Applicable	
Zip	Zip <b>26525 N. Riverwoods Blvd.</b>	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE CPD <input type="checkbox"/> Delete NAME COZZA, PATRICK A STREET ADDRESS 200 SOMERSET CORPORATE BLVD CITY-ST-ZIP BRIDGEWATER, NJ 08807	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPCD <input type="checkbox"/> Delete NAME TITUS, TIMOTHY J STREET ADDRESS 200 SOMMERSET CORP BLVD CITY-ST-ZIP BRIDGEWATER, NJ 08807	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE AS <input type="checkbox"/> Delete NAME PISANO, MICHAEL E STREET ADDRESS 25700 SANDERS RD CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>26525 N. Riverwoods Blvd.</b> CITY-ST-ZIP <b>Mettawa, IL 60045</b>
TITLE VPCA <input type="checkbox"/> Delete NAME LUNEMANN, GERARD STREET ADDRESS 2700 SANDERS RD CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>26525 N. Riverwoods Blvd.</b> CITY-ST-ZIP <b>Mettawa, IL 60045</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Timothy Parkowski* 4/23/08 224-554-6425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #