

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90751 021 \*\*\*150.00

34049780



04232004 Chg-P CR2E034 (10/03)

4. FEI Number 36-3284986 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 RD.  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees.

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MASON, JEFFREY R  
STREET ADDRESS 2000 W. AMERITECH CENTER DR  
CITY-ST-ZIP HOFFMAN ESTATES, IL 60196

TITLE S ☐ Delete  
NAME PROT, VICKI L  
STREET ADDRESS 2000 W. AMERITECH CENTER DR  
CITY-ST-ZIP HOFFMAN ESTATES, IL 60196

TITLE T ☐ Delete  
NAME VIOLA, MICHAEL J  
STREET ADDRESS 175 EAST HOUSTON  
CITY-ST-ZIP SAN ANTONIO, TX 78205

TITLE VP ☒ Delete  
NAME WRIDE, PAUL  
STREET ADDRESS 2000 W. AMERITECH CENTER DR  
CITY-ST-ZIP HOFFMAN ESTATES, IL 60196

TITLE CFO ☐ Delete  
NAME GLEASON, DIANE M  
STREET ADDRESS 2000 W. AMERITECH CENTER DR  
CITY-ST-ZIP HOFFMAN ESTATES, IL 60196

TITLE AS ☐ Delete  
NAME ANDERSON, PAULA M  
STREET ADDRESS 175 E HOUSTON STREET  
CITY-ST-ZIP SAN ANTONIO, TX 78205

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 2000 W. SBC center Dr  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 2000 W. SBC Center Dr  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 2000 W. SBC Center Dr  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Diane Gleason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

847-290-5000

Daytime Phone #