

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P28424</b>	
1. Entity Name <b>PC IMAGES, INC.</b>	
Principal Place of Business <b>201 ES. OGDEN AVE. SUITE 26 HINSDALE IL 60521-3633</b>	Mailing Address <b>201 ES. OGDEN AVE. SUITE 26 HINSDALE IL 60521-3633</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>36-3692637</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>SULLIVAN, MICHAEL J. 359 CAROLINA AVENUE WINTER PARK FL 32789</b>		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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLAREN, H. BRUCE			NAME			
STREET ADDRESS	201 EAST OGDEN AVE			STREET ADDRESS			
CITY- ST- ZIP	HINSDALE IL			CITY- ST- ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDISON, HOWARD W.			NAME			
STREET ADDRESS	201 EAST OGDEN AVE			STREET ADDRESS			
CITY- ST- ZIP	HINSDALE IL			CITY- ST- ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENNER, GERALD M.			NAME			
STREET ADDRESS	525 WEST MONROE ST.			STREET ADDRESS			
CITY- ST- ZIP	CHICAGO IL			CITY- ST- ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SULLIVAN, MICHAEL J.			NAME			
STREET ADDRESS	359 CAROLINA AVE			STREET ADDRESS			
CITY- ST- ZIP	WINTER PARK FL			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Howard W. Edison, Vice President**      2/1/05      630/325-580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #