

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001934

FILED
May 18, 2005
Secretary of State

Entity Name: IDS SCHEER PROCESS IMPLEMENTATION CONSULTING, INC.

Current Principal Place of Business:

5555 GLENRIDGE CONNECTOR
SUITE 650
ATLANTA, GA 30342

New Principal Place of Business:

Current Mailing Address:

1055 WESTLAKES DRIVE
SUITE 100
BERWYN, PA 19312

New Mailing Address:

FEI Number: 04-3254941 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KIRCHMER, MATHIAS DR.
Address: 1055 WESTLAKES DRIVE, STE 100
City-St-Zip: BERWYN, PA 19312

Title: T () Delete
Name: COIA, MARI-BETH
Address: 1055 WESTLAKES DRIVE, STE 100
City-St-Zip: BERWYN, PA 19312

Title: S () Delete
Name: SILBERMAN, CRAIG
Address: 1055 WESTLAKES DRIVE, STE 100
City-St-Zip: BERWYN, PA 19312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG SILBERMAN

S

05/18/2005

Electronic Signature of Signing Officer or Director

_____ Date