

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003104	
1. Entity Name PRECISE INTELLECTUAL PROPERTY HOLDINGS COMPANY, INC.	
Principal Place of Business 103 SPRINGER BLDG. 3411 SILVERSIDE ROAD WILMINGTON, DE 19810	Mailing Address 103 SPRINGER BLDG. 3411 SILVERSIDE ROAD WILMINGTON, DE 19810



DO NOT WRITE IN THIS SPACE

03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0391997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS SIMMONS, BRIAN 10 SOUTH WACKER DRIVE, SUITE 3175 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP WEEKS, JOHN R 501 MOSSIDE BLVD. NORTH VERSAILLES, PA 15137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FARRELL, MICHAEL 501 MOSSIDE BLVD. NORTH VERSAILLES, PA 15137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO CONLEY, GREGORY R 501 MOSSIDE BLVD. NORTH VERSAILLES, PA 15137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/15/05-80008-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory R. Conley

3/3/05

Date

412-823-2100

Daytime Phone #