2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPE

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # F03000004838 04-01-2004 90022 033 ***150.00 1. Entity Name TCFC EMPLOYMENT, INC. Principal Place of Business Mailing Address **3404000** 9399 W. HIGGINS RD., STE. 600 9399 W. HIGGINS RD., STE. 600 ROSEMONT, IL 60018 ROSEMONT, IL 60018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 61-1456742 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Delete Change TITLE TITLE Director VANDAMME, KEITH A NAME NAME Rosario A. Perrelli STREET ADDRESS STREET ADDRESS 9399 W. HIGGINS RD., STE. 600 9399 W. Higgins Road, Suite 600 CITY-ST-ZIP ROSEMONT, IL 60018 CITY - ST - 7IP Rosemont, IL 60018 Delete TITLE ☐ Change ☐ Addition TITLE VERNICK, MITCHELL F NAME NAME 9399 W. HIGGINS RD., STE. 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROSEMONT, IL 60018 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TRANCHITA, MARK NAME STREET ADDRESS 9399 W. HIGGINS RD., STE. 600 STREET ADDRESS CITY-ST-ZIP ROSEMONT, IL 60018 CITY-ST-ZIP Oelete ☐ Change Addition TITLE TITLE NAME HILLERY, VINCENT E NAME STREET ADDRESS 9399 W. HIGGINS RD., STE. 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSEMONT, IL 60018 Defete TITLE ☐ Change ☐ Addition TITLE KEIPER, WILLIAM NAME NAME STREET ADDRESS 9399 W. HIGGINS RD., STE. 600 STREET ADDRESS CITY-ST-ZIP ROSEMONT, IL 60018 CITY-ST-ZIP Delete ☐ Change ☐ Addition **FVPS** TITLE TITLE NAME PERRELLI, ROSARIO A NAMÉ STREET ADDRESS 9399 W. HIGGINS RD., STE, 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSEMONT, IL 60018 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 executive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter on an attachment with 5th address, with all other the empowered.

3/26/04

Date

(8_{47) 685-1120}

FILED