

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90036 038 ***150.00



DOCUMENT # F03000005891
 1. Entity Name
 PCS ADMINISTRATION (USA), INC.

Principal Place of Business: 1101 SKOKIE BOULEVARD STE. 400 NORTHBROOK, IL 60062
 Mailing Address: 1101 SKOKIE BOULEVARD STE. 400 NORTHBROOK, IL 60062

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



01192004 Chg-P CR2E034 (10/03)

4. FEI Number: 52-2111626 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 ROAD, PLANTATION, FL 33324
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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)

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: CP NAME: DOYLE, WILLIAM J STREET ADDRESS: 1101 SKOKIE BOULEVARD STE. 400 CITY-ST-ZIP: NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: IRVIN, BARBARA JANE STREET ADDRESS: 1101 SKOKIE BOULEVARD STE. 400 CITY-ST-ZIP: NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DVETZ, JAMES I STREET ADDRESS: 1101 SKOKIE BOULEVARD STE. 400 CITY-ST-ZIP: NORTHBROOK, IL 60062	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Dvetz, James F. STREET ADDRESS: 1101 Skokie Blvd. Ste 400 CITY-ST-ZIP: Northbrook, IL 60062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HEPPEL, JAMES STREET ADDRESS: 1101 SKOKIE BOULEVARD STE. 400 CITY-ST-ZIP: NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: PODWIKA, JOSEPH STREET ADDRESS: 1101 SKOKIE BOULEVARD STE. 400 CITY-ST-ZIP: NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BROWNLEE, WAYNE R STREET ADDRESS: 122 FIRST AVENUE SOUTH 500 CITY-ST-ZIP: SASKATOON SASKATCHEWAN,	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph Podwika 1/19/04 (817) 819-4270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #