


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90042 041 \*\*\*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**

**40017509**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

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

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

7. Name and Address of New Registered Agent

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**

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  Delete  
 NAME **CP DOYLE, WILLIAM J**  
 STREET ADDRESS **1101 SKOKIE BOULEVARD STE. 400**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D IRVIN, BARBARA JANE**  
 STREET ADDRESS **1101 SKOKIE BOULEVARD STE. 400**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DIETZ, JAMES F**  
 STREET ADDRESS **1101 SKOKIE BLVD., STE. 400**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP HEPPEL, JAMES**  
 STREET ADDRESS **1101 SKOKIE BOULEVARD STE. 400**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S PODWIKA, JOSEPH**  
 STREET ADDRESS **1101 SKOKIE BOULEVARD STE. 400**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

TITLE  Change  Addition  
 NAME **Brian E Johnson**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T BROWNLEE, WAYNE R**  
 STREET ADDRESS **122 FIRST AVENUE SOUTH 500**  
 CITY-ST-ZIP **SASKATOON SASKATCHEWAN,**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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)(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]* **Brian E. Johnson** *2/11/05* (847) 849-4270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #