PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93000002902

1. Corporation Name

SERVICE ADMINISTRATORS, INC. (USA)

Principal Place of Business 400 BENEFICIAL CENTER

Mailing Address

300 BENEFICIAL CENTER

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90159 001 ***150.00



PEAPACK NU U	APACK NJ U/9// PEAPACK NJ U/9//				DO NOT WRITE IN THIS SPACE	
ı					3. Date Incorporated or Qualifed	1
					06/18/1993	l
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	1
) Sanders Road		<i>\</i>		84-6038195 Not Applicable)
Suite, Apt.		Suite, Apt. #, etc.	-/		\$8.75 Additional	!
22 Atho: Tax Dopt 27					5. Certificate of Status Desired Fee Required	ĺ
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23 120051	pect Heights, IL	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	1
24 Q(X)	10 25 COOK	29 30	L		Personal Property Tax.	l
 ~	9. Name and Address of Current	Registered Agent	81	N	10. Name and Address of New Registered Agent	ł
C T	CORPORATION SYSTEM		81	Name	ļ)
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
FLA	41A11014 FE 33324		83			l
			84	City	85 Zip Code	i
					FL	ĺ
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the above	e-named c	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	l
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.		additional and an analysis of the appearance and appearance and an analysis of the appearance and an analysis of the appearance and appearanc	l
SIGNATURE	" p ft			_		
	Signature, typed or printed name of registered agent a			t signature rec	juired when reinstating) DATE	<u>@</u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(11/98)
TITI.E	CPD ·	L) Detele	1.1 TITLE		A Change Mullion	Ξ
NAME	O'BRIEN, DANIEL R	_ 1	12 NAME	1	2700 Sanders Road	8
STREET ADDRESS	400 BENEFICIAL CENTER		1.3 STREET		Prosport Heights IL 60080	CR2E034
CITY-ST-ZIP	PEAPACK NJ 07077		1.4 C/TY-ST		1.00 F 600 1 F 101110 1	쏬
TITLE	AV	, · · · · · · · · · · · · · · · · · · ·	2.1 TITLE		Director of Financial Control Change Maddition	Ŭ
NAME	-		2.2 NAME		(1Moth) 2: 11402	
STREET ADDRESS					2700 Standers Road	}
CITY-ST-ZIP			2,4 CITY-S	T-ZIP	Prospect Heights, IL Le0070	
TITLE	D	DELETE 3.1 TIT]	Secretary Change Addition	
NAME (3.2 NAME	[1	Barbara L. HIII Road	
STREET ADDRESS	400 BENEFICIAL CENTER	I	3.3 STREET	ADDRESS		
CITY-ST-ZIP	PEAPACK NJ		3.4. CITY-S	T-ZIP	Prospect Heights, IL 60070	l
TITLE	D	DELETE	4.1 TITLE		Director Change Addition	
NAME	WOLFANGER, LAVERNE R		4, 2 NAME] [Lawrence N. Bango.	
STREET ADDRESS	400 BENEFICIAL CENTER		4.3 STREET	ADDRESS	2700 Sanders Rold	l
Crty-St-Zip	PEAPACK NJ		4.4 CITY-ST	-ZIP	Prospect Heights, IL 60070	
TITLE	ASTD		5.1 TITLE	1	Director Change Addition	
NAME	FISHER, LEONARD M		5.2 NAME		Daniel R. O'Brien	
STREET ADDRESS	400 BENEFICIAL CENTER	ì	5.3 STREET	ADDRESS	2700 Sanders Road	
CITY-ST-ZIP	PEAPACK NJ		5.4 CITY-ST	-ZIP	Prospect Heights, IL 60070	ı
TITLE	DVP ·	☐ DELETE	6.1 TITLE		Change Addition	
NAME	LUNEMANN, GERARD	1	6.2 NAME	- {	2700 Sanders Acad '	
STREET ADDRESS	400 BENEFICIAL CENTER	<i>-</i> →	6.3 STREET	ADDRESS	. I	
CITY_ST_7ID	PEARACK NJ 07977	Ť	6.4 CITY-ST	-ZiP	Prospect Heights, IL 60070	

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

PEAPACK NJ 07977

Barbara Hill

<u>3130199</u>

(847)564 - 6058