

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90217 001 \*\*\*600.00

**DOCUMENT # F93000002902**

1. Entity Name  
**SERVICE ADMINISTRATORS, INC. (USA)**



Principal Place of Business  
**2700 SANDERS RD  
ATTN: TAX DEPT  
PROSPECT HEIGHTS, IL 60070**

Mailing Address  
**2700 SANDERS RD  
ATTN: TAX DEPT  
PROSPECT HEIGHTS, IL 60070**

**66014971**



2. Principal Place of Business  
**200 Somerset Corp. Blvd.**  
Suite, Apt. #, etc.

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

04272005 Chg-P CR2E034 (10/03)

City & State  
**Bridgewater, NJ**  
Zip  
**08807**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**84-6038195**  
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 **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

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  
**CPD  
COZZA, PATRICK A  
200 SOMERSET CORPORATE BLVD  
BRIDGEWATER, NJ 08807** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DFCT  
TITUS, TIMOTHY J  
2700 SANDERS RD  
PROSPECT HEIGHTS, IL 60070** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
KOMENSKY, ALAN M  
2700 SANDERS RD  
PROSPECT HEIGHTS, IL 60070** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
ANDERSON, JT  
2700 SANDERS RD  
PROSPECT HEIGHTS, IL 60070** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPCA  
LUNEMANN, GERARD  
2700 SANDERS RD  
PROSPECT HEIGHTS, IL 60070** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200 Somerset Corp. Blvd  
Bridgewater, NJ 08807** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200 Somerset Corp. Blvd.  
Bridgewater, NJ 08807** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mary Ann Carroll** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: Mary Ann Carroll**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mary Ann Carroll*

Date

Daytime Phone #

**4/28/05 847.564.5000**