

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 046 ***150.00

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



Principal Place of Business
**200 SOMERSET CORP BLVD
BRIDGEWATER, NJ 08807**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

84-6038195

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPD ☐ Delete
NAME COZZA, PATRICK A
STREET ADDRESS 200 SOMERSET CORPORATE BLVD
CITY-ST-ZIP BRIDGEWATER, NJ 08807

TITLE DFCT ☐ Delete
NAME TITUS, TIMOTHY J
STREET ADDRESS 200 SOMMERSET CORP BLVD
CITY-ST-ZIP BRIDGEWATER, NJ 08807

TITLE VPS ☒ Delete
NAME KOMENSKY, ALAN M
STREET ADDRESS 200 SOMERSET CORP BLVD
CITY-ST-ZIP BRIDGEWATER, NJ 08807

TITLE AS ☐ Delete
NAME CARROLL, MARY ANN
STREET ADDRESS 25700 SANDERS RD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE AS ☒ Change ☐ Addition
NAME Michael E. Pisano
STREET ADDRESS
CITY-ST-ZIP

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

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Pisano

Date

Daytime Phone #

4/3/2006

847.364.6946