

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000002902**

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**



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-6038195</b>	Applied For <b>Not Applicable</b>
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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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD TITUS, TIMOTHY J 200 SOMMERSET CORP BLVD BRIDGEWATER, NJ 08807
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PISANO, MICHAEL E 25700 SANDERS RD PROSPECT HEIGHTS, IL 60070
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCA LUNEMANN, GERARD 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** *Michael E. Pisano* **-MICHAEL E. PISANO** 4/17/07 847.344.5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #