


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90095 003 ***150.00

DOCUMENT # F95000005599	
1. Entity Name USCC PAYROLL CORPORATION	

Principal Place of Business 8410 W. BRYN MAWR AVE SUITE 700 CHICAGO, IL 60631 US	Mailing Address 8410 W. BRYN MAWR AVE SUITE 700 CHICAGO, IL 60631 US
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4046814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROONEY, JOHN E 8410 W. BRYN MAWR AVE., STE 700 CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEYERS, KENNETH R 8410 W. BRYN MAWR AVE., STE 700 CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLAGHER, KEVIN C 8410 W. BRYN MAWR AVE., STE 700 CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, LEROY T JR. 30 N LASALLE ST SUITE 4000 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBER, THOMAS S 8410 W. BRYN MAWR AVE., STE 700 CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KROHSE, MARK A 8410 W. BRYN MAWR AVE., STE 700 CHICAGO, IL 60631

DO NOT WRITE
IN THIS SPACE

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: Mark A. Krohse 4/26/05 777-399-8912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #