

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003254

FILED
Jan 04, 2007
Secretary of State

Entity Name: GROUP ADMINISTRATORS, LTD. INCORPORATED

Current Principal Place of Business:

450 EAST REMINGTON ROAD
SCHAUMBURG, IL 601734540

New Principal Place of Business:

Current Mailing Address:

450 EAST REMINGTON ROAD
SCHAUMBURG, IL 601734540

New Mailing Address:

FEI Number: 36-3381052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, RICK
250 NE 43RD COURT
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WEBBE, WILLIAM
Address: 450 EAST REMINGTON ROAD
City-St-Zip: SCHAUMBURG, IL 60173

Title: V () Delete
Name: WIEDA, BARB
Address: 450 EAST REMINGTON ROAD
City-St-Zip: SCHAUMBURG, IL 60173

Title: P () Delete
Name: DORFMAN, DAVID
Address: 1540 LITTLEFIELD COURT
City-St-Zip: LAKE FOREST, IL 60045

Title: D () Delete
Name: DORFMAN, MICHAEL
Address: 450 EAST REMINGTON ROAD
City-St-Zip: SCHAUMBURG, IL 60173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DORFMAN

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date