

FILED

00 MAY -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 2000		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		00 MAY -1 AM 11:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F97000003605					
1. Corporation Name PCS SALES (USA), INC.					
Principal Place of Business 5750 OLD ORCHARD RD SKOKIE, IL 60077			Mailing Address 5750 OLD ORCHARD RD SKOKIE, IL 60077		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 07/10/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 36-4065355	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		30 Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION FL 33324			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		C.B.D. CHILDERS, CHARLES E. 5750 OLD ORCHARD RD SKOKIE IL 60077		<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		SD HAMPTON, JOHN L.M. 5750 OLD ORCHARD RD SKOKIE IL 60077		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TD HUMPHREYS, BARRY E. 5750 OLD ORCHARD RD SKOKIE IL 60077		<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		AS KIRKPATRICK, ROBERT 5750 OLD ORCHARD RD SKOKIE IL 60077		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP WILSON, P.RODNEY 5750 OLD ORCHARD RD SKOKIE IL 60077		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD GARY E. CARLSON 5750 OLD ORCHARD RD SKOKIE IL 60077		<input checked="" type="checkbox"/> DELETE	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		TD BROWNLEE, WAYNE R. 5750 OLD ORCHARD RD SKOKIE IL 60077			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		PD DELANEY, G.DAVID 5750 OLD ORCHARD RD SKOKIE IL 60077			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		CBD WILLIAM J. DOYLE 5750 OLD ORCHARD RD SKOKIE IL 60077			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		300003248823-05/11/00-01088-006 ****150.00			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		****150.00			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		KE			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT KIRKPATRICK

00/04/17 306-933-8500

Date _____

Daytime Phone #

CR2E034 (11/98)