

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90285 027 ***150.00

DOCUMENT # **F97000003605**

1. Entity Name

PCS SALES (USA), INC.

Principal Place of Business Mailing Address
 1101 SKOKIE BOULEVARD, 1101 SKOKIE BOULEVARD,
 SUITE 400 SUITE 400
 NORTHBROOK, IL 60062 NORTHBROOK, IL 60062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4065355

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

CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 S. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME TD
 STREET ADDRESS BROWNLEE, WAYNE R.
 CITY - ST - ZIP 5750 OLD ORCHARD RD.
 SKOKIE, IL 60077 ☐ Delete

TITLE
 NAME TD ☒ Change ☐ Addition
 STREET ADDRESS BROWNLEE, WAYNE R.
 CITY - ST - ZIP 1101 SKOKIE BLVD., SUITE 400
 NORTHBROOK, IL 60062

TITLE
 NAME PD
 STREET ADDRESS DELANEY, G. DAVID
 CITY - ST - ZIP 5750 OLD ORCHARD
 SKOKIE, IL 60077 ☐ Delete

TITLE
 NAME PD ☒ Change ☐ Addition
 STREET ADDRESS DELANEY, G. DAVID
 CITY - ST - ZIP 1101 SKOKIE BLVD., SUITE 400
 NORTHBROOK, IL 60062

TITLE
 NAME AS
 STREET ADDRESS KIRKPATRICK, ROBERT
 CITY - ST - ZIP 5750 OLD ORCHARD RD.
 SKOKIE, IL 60077 ☐ Delete

TITLE
 NAME AS ☒ Change ☐ Addition
 STREET ADDRESS KIRKPATRICK, ROBERT
 CITY - ST - ZIP 1101 SKOKIE BLVD., SUITE 400
 NORTHBROOK, IL 60062

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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

TITLE
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TITLE
 NAME
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TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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

13. 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 11 or Block 12 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

Date

Daytime Phone #