

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90009 011 \*\*\*150.00

**DOCUMENT # F97000003605**

1. Entity Name

**PCS SALES (USA), INC.**

Principal Place of Business

**1101 SKOKIE BOULEVARD  
 SUITE 400  
 NORTHBROOK IL 60062**

Mailing Address

**1101 SKOKIE BOULEVARD  
 SUITE 400  
 NORTHBROOK IL 60062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-4065355**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SO PINE ISLAND RD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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 **TD** ☐ Delete  
 NAME **BROWNLEE, WAYNE R**  
 STREET ADDRESS **1101 SKOKIE BLVD., SUITE 400**  
 CITY-ST-ZIP **NORTHBROOK IL 60062**

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

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

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

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

TITLE ☒ Change ☒ Addition  
 NAME **Assistant Secretary**  
 STREET ADDRESS **Joseph Radwicz**  
 CITY-ST-ZIP **1101 Skokie Blvd. #400**  
**Northbrook, IL 60062**

TITLE **AS** ☐ Delete  
 NAME **KIRKPATRICK, ROBERT**  
 STREET ADDRESS **5750 OLD ORCHARD RD STE 440**  
 CITY-ST-ZIP **SKOKIE IL 60077**

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

TITLE **VP** ☐ Delete  
 NAME **RODNEY, WILSON P**  
 STREET ADDRESS **5750 OLD ORCHARD RD**  
 CITY-ST-ZIP **SKOKIE IL 60077**

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

TITLE **CBD** ☐ Delete  
 NAME **DOYLE, WILLIAM J**  
 STREET ADDRESS **5750 OLD ORCHARD RD**  
 CITY-ST-ZIP **SKOKIE IL 60077**

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

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:

*Joseph A. Radwicz* **Asst. Secretary** 4/23/02 847-849-4270  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)