2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State
08-09-2004 90013 015 ***550.00

DOCUMENT # F97000003605

1. Entity Name

PCS SALES (USA), INC.

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

MOORE CR2E034 (4/04)

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROWNLEE, WAYNE R 1101 SKOKIE BLVD., SUITE 400 NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELANEY, G. DAVID 1101 SKOKIE BLVD., SUITE 400 NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PADWIKA, JOSEPH 1101 SKOKIE BLVD., SUITE 400 NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Padwika, Joseph
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KIRKPATRICK, ROBERT 5750 OLD ORCHARD RD STE 440 SKOKIE IL 60077	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Brian E. Johnson 1101 Skokie Blvd., Suite 400 Northbrook, IL 60062 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RODNEY, WILSON P 5750 OLD ORCHARD RD SKOKIE IL 60077	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Samuel Heppel 1101 Skokie Blvd., Suite 400 Northbrook, IL 60062 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CBD DOYLE, WILLIAM J 5750 OLD ORCHARD RD SKOKIE IL 60077	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and Chairman William J. Doyle 1101 Skokie Blvd., Suite 400 Northbrook, IL 60062 ☒ Change ☐ Addition

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: Asst. Sec. Brian E. Johnson 8/3/04 (847) 849-4270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #