

2007 FOR PROFIT CORPORATION ANNUAL REPORT

\$150.00

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90046 010 ***150.00

DOCUMENT # F98000001829

1. Entity Name
CONCENTRA PREFERRED SYSTEMS, INC.



Principal Place of Business
**535 E DIEHL RD #100
NAPERVILLE, IL 60563**

Mailing Address
**77 S. BEDFORD ST. SUITE 200
ATTN: CORP. TAX DEPT.
BURLINGTON, MA 01803**

40052311



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
36-3715258

Applied For
Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
**TVD
KIRALY, THOMAS
5050 SPECTRUM DR. 1200 W TOWER
ADDISON, TX 75001** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, DANIEL J
5050 SPECTRUM DR. 1200 W TOWER
ADDISON, TX 75001** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
GREENWOOD, JAMES M
5050 SPECTRUM DR. 1200 W. TOWER
ADDISON, TX 75001** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
ANDERSON, ARY
565 EAST DIEHL RD #100
NAPERVILLE, IL 60563** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANDERSON, KURT A ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
PARR, RICHARD A
5080 SPECTRUM DRIVE, 400 W TOWER
ADDISON, TX 75001** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASST VP; CORP SEC
ELEANOR J. THOMPSON
5050 SPECTRUM DR 1200 W. TOWER
ADDISON TX 75001** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
CHEDEKEL, GARY
130 SECOND AVE
WALTHAM, MA 02451** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**77 South Bedford St. #200
BURLINGTON MA 01803** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date

7812905350

Daytime Phone #