


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000004497</b> 1. Entity Name PRODUCT DEVELOPMENT TECHNOLOGIES, INC.	
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Principal Place of Business 600 HEATHROW DR. LINCOLNSHIRE, IL 60069	Mailing Address 600 HEATHROW DR. LINCOLNSHIRE, IL 60069
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**DO NOT WRITE IN THIS SPACE**

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4042508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IEZZI, PETER  
210 N UNIVERSITY DRIVE  
STE 810  
CORAL SPRINGS, FL 33071

**DO NOT WRITE  
IN THIS SPACE**

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).

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	11000000230574 02/15/05-80048-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IEZZI, PETER 210 N UNIVERSITY DR STE 810 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHWARTZ, MARK 600 HEATHROW DR. LINCOLNSHIRE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEMENIK, SCOTT 600 HEATHROW DR. LINCOLNSHIRE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, DAVID 600 HEATHROW DR. LINCOLNSHIRE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILTGEN, RAY 600 HEATHROW DR. LINCOLNSHIRE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** SCOTT SEMENIK **1/4/05** **8478213000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #