

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000719

FILED  
Jan 14, 2004  
Secretary of State

Entity Name: SAGEO LLC

## Current Principal Place of Business:

100 HALF DAY ROAD  
LINCOLNSHIRE, IL 60069

## New Principal Place of Business:

## Current Mailing Address:

100 HALF DAY ROAD  
ATTN: ANN ECKSTEIN  
LINCOLNSHIRE, IL 60069

## New Mailing Address:

100 HALF DAY ROAD  
ATTN: STEVIE SHOEMAKER  
LINCOLNSHIRE, IL 60069

FEI Number: 36-4342013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: GIFFORD, DALE L  
Address: 100 HALF DAY ROAD  
City-St-Zip: LINCOLNSHIRE, IL 60069

Title: MGR ( ) Delete  
Name: WILSON, GERALD I  
Address: 100 HALF DAY ROAD  
City-St-Zip: LINCOLNSHIRE, IL 60069

Title: MGR (X) Delete  
Name: RYAN, JOHN M  
Address: 100 HALF DAY ROAD  
City-St-Zip: LINCOLNSHIRE, IL 60069

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: RYAN, JOHN M  
Address: 100 HALF DAY ROAD  
City-St-Zip: LINCOLNSHIRE, IL 60069

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN M. RYAN

MGR

01/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date