


**04 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000001642  
1. Entity Name  
ICOS TECHNOLOGY SERVICES LLC



Principal Place of Business 4948 145TH STREET MIDLOTHIAN, IL 60452	Mailing Address 4948 145TH STREET MIDLOTHIAN, IL 60452
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**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3036793	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, PAUL N 22021 20TH AVENUE SE BOTHHELL, WA 98021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILCOX, GARY L PHD 22021 20TH AVENUE SE BOTHHELL, WA 98021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEIN, MICHAEL A PHD. 22021 20TH AVENUE SE BOTHHELL, WA 98021
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U00000149782  
05/03/04-80200-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Michael G. Jacobs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #