


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005 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



08192005No Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3036793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

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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 September 7, 2005

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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 09/07/05-80015-001 50.00

11. 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 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: *Bill R. Pearce* Bill R. Pearce 9/25/05 425-485-1900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #