


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004346 1. Entity Name PFO PAY, L.L.C.	
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Principal Place of Business 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606	Mailing Address 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606
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DO NOT WRITE IN THIS SPACE



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-1382465	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

1100000314425
04/18/05-80166-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DYKSTRA, THOMAS 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NOMURA, DAVID 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606
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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: <u>Thomas Dykstra</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Thomas Dykstra	<u>4-13-05</u> <small>Date</small>	<u>312-873-4860</u> <small>Daytime Phone #</small>
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