

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90329 005 \*\*\*150.00

**DOCUMENT # P04113**

1. Entity Name

GROUP ADMINISTRATION AGENCY, INC.



Principal Place of Business

20 NORTH WACKER DRIVE  
SUITE 2700  
CHICAGO IL 60606  
US

Mailing Address

20 NORTH WACKER DRIVE  
SUITE 2700  
CHICAGO IL 60606  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2660464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNCH, WILLIAM T  
7787 GOLF CIRCLE DRIVE., APT. 112  
MARGATE FL 33063

Name

ELOISE BROWNFIELD

Street Address (P.O. Box Number is Not Acceptable)

5304 SW 11th PLACE

City

CAPE CORAL

FL

Zip Code

33914-7064

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 ELOISE BROWNFIELD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LYNCH, JAMES A.  
STREET ADDRESS 20 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

TITLE V ☒ Delete  
NAME MCDOWELL, JOHN W.  
STREET ADDRESS 20 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

TITLE S ☐ Delete  
NAME SUSNARA, LEONA K.  
STREET ADDRESS 20 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

TITLE T ☐ Delete  
NAME TRACY, ROSEMARIE  
STREET ADDRESS 20 NORTH WACKER DR.  
CITY-ST-ZIP CHICAGO IL

TITLE V ☒ Delete  
NAME WOODS, WILLIAM C II  
STREET ADDRESS 20 NO WACKER DR  
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/26/04

239.542.7235

Date

Daytime Phone #