


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04113</b> 1. Entity Name GROUP ADMINISTRATION AGENCY, INC.	
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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
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  BROWNFIELD, ELOISE 5304 SW 11TH PLACE CAPE CORAL, FL 33914-7064
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000391327  
01/24/06-80034-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, JAMES A. 20 NORTH WACKER DRIVE CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSNARA, LEONA K. 20 NORTH WACKER DRIVE CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRACY, ROSEMARIE 20 NORTH WACKER DR. CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **1/13/06** **312.372.0973**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Leona K. Susnara** Date Daytime Phone #