

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90134 004 ***150.00

DOCUMENT # F97000003605

1. Corporation Name

PCS SALES (USA), INC.

Principal Place of Business

5750 OLD ORCHARD RD STE 440
SKOKIE IL 60077

Mailing Address

5750 OLD ORCHARD RD STE 440
SKOKIE IL 60077

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1997

4. FEI Number

36-4065355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD C.B.D.
CHILDERS, CHARLES E
STREET ADDRESS 5750 OLD ORCHARD RD STE 440
CITY-ST-ZIP SKOKIE IL 60077

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Gary E. Carlson
1.3 STREET ADDRESS 5750 Old Orchard Road Suite 440
1.4 CITY-ST-ZIP Skokie, IL 60077

TITLE ☐ DELETE

NAME SD
HAMPTON, JOHN L
STREET ADDRESS 5750 OLD ORCHARD RD STE 440
CITY-ST-ZIP SKOKIE IL 60077

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME C. Jerry Jackson
2.3 STREET ADDRESS 5750 Old Orchard Road Suite 440
2.4 CITY-ST-ZIP Skokie, IL 60077

TITLE ☐ DELETE

NAME TD
HUMPHREYS, BARRY E
STREET ADDRESS 5750 OLD ORCHARD RD STE 440
CITY-ST-ZIP SKOKIE IL 60077

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME Gary R. Snyder
3.3 STREET ADDRESS 5750 Old Orchard Road, Suite 440
3.4 CITY-ST-ZIP Skokie, IL 60077

TITLE ☐ DELETE

NAME AS
KIRKPATRICK, ROBERT
STREET ADDRESS 5750 OLD ORCHARD RD STE 440
CITY-ST-ZIP SKOKIE IL 60077

4.1 TITLE VP ☐ Change ☒ Addition

4.2 NAME Bernie Rock
4.3 STREET ADDRESS 5750 Old Orchard Road, Suite 440
4.4 CITY-ST-ZIP Skokie, IL 60077

TITLE ☒ DELETE

NAME AS
YOUNGER, T C
STREET ADDRESS 5750 OLD ORCHARD RD STE 440
CITY-ST-ZIP SKOKIE IL 60077

5.1 TITLE VP ☐ Change ☒ Addition

5.2 NAME Michael R. Moosman
5.3 STREET ADDRESS 5750 Old Orchard Road, Suite 440
5.4 CITY-ST-ZIP Skokie, IL 60077

TITLE ☐ DELETE

NAME VP
WILSON, P. R
STREET ADDRESS 5750 OLD ORCHARD RD STE 440
CITY-ST-ZIP SKOKIE IL 60077

6.1 TITLE VP ☐ Change ☒ Addition

6.2 NAME Fred Stephens
6.3 STREET ADDRESS 3101 Glenwood Avenue
6.4 CITY-ST-ZIP Raleigh, N.C. 27612

14. 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 annual report or supplemental annual 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 12 or Block 13 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

ma 9 / 99

306-933-8622

Date

Daytime Phone #

CR2E034 (11/98)

F97000003605
2851527 90134 4

PCS SALES (USA), INC.
ATTACHMENT TO 1999 PROFIT CORPORATION ANNUAL REPORT
STATE OF FLORIDA

PART 13 (ADDITIONAL OFFICERS)

TITLE	NAME	BUSINESS ADDRESS
Vice President Industrial Sales	David G. Delaney	Suite 400, 3175 Lenox Park Boulevard, Memphis, TN 38115-4256