

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90013 015 ***550.00

DOCUMENT # F97000003605

1. Entity Name

PCS SALES (USA), INC.



Principal Place of Business

1101 SKOKIE BOULEVARD
SUITE 400
NORTHBROOK IL 60062

Mailing Address

1101 SKOKIE BOULEVARD
SUITE 400
NORTHBROOK IL 60062

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

36-4065355

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 ☐ Delete
NAME TD
STREET ADDRESS BROWNLEE, WAYNE R
CITY-ST-ZIP 1101 SKOKIE BLVD., SUITE 400
NORTHBROOK IL 60062

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS DELANEY, G. DAVID
CITY-ST-ZIP 1101 SKOKIE BLVD., SUITE 400
NORTHBROOK IL 60062

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

TITLE ☐ Delete
NAME AS
STREET ADDRESS PADWIK, JOSEPH
CITY-ST-ZIP 1101 SKOKIE BLVD., SUITE 400
NORTHBROOK IL 60062

TITLE ☒ Change ☐ Addition
NAME Podwika, Joseph
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME Assistant Secretary
STREET ADDRESS Brian E. Johnson
CITY-ST-ZIP 1101 Skokie Blvd., Suite 400
Northbrook, IL 60062

TITLE ☒ Delete
NAME VP
STREET ADDRESS RODNEY, WILSON P
CITY-ST-ZIP 5750 OLD ORCHARD RD
SKOKIE IL 60077

TITLE ☐ Change ☒ Addition
NAME Vice-President
STREET ADDRESS Sam's Heppel
CITY-ST-ZIP 1101 Skokie Blvd., Suite 400
Northbrook, IL 60062

TITLE ☒ Delete
NAME CBD
STREET ADDRESS DOYLE, WILLIAM J
CITY-ST-ZIP 5750 OLD ORCHARD RD
SKOKIE IL 60077

TITLE ☒ Change ☐ Addition
NAME Director and Chairman
STREET ADDRESS William J. Doyle
CITY-ST-ZIP 1101 Skokie Blvd., Suite 400
Northbrook, IL 60062

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

Brian E. Johnson Asst. Sec. **Brian E. Johnson**

Date

Daytime Phone #

8/3/04 (847) 849-4270