

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90006 045 \*\*\*550.00

**DOCUMENT # F00000003368**



1. Entity Name  
**HBS BILLING SERVICES COMPANY**

Principal Place of Business Mailing Address  
**9255 CORBIN AVE 2700 PATRIOT BLVD**  
**NORTHRIDGE, CA 91324 STE 150**  
**GLENVIEW, IL 60025**

**44049356**



2. Principal Place of Business **7411 John Smith Drive**  
 Suite, Apt. #, etc. **200**  
 City & State **SAN ANTONIO, TX**  
 Zip **78229** Country **USA**

3. Mailing Address **2700 Patriot Blvd.**  
 Suite, Apt. #, etc. **150**  
 City & State **Glenview IL**  
 Zip **60026** Country **USA**

07062004 Chg-P. CR2E034 (10/03)

4. FEI Number **74-2951759** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
 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**

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	
T NAME STREET ADDRESS CITY-ST-ZIP	<b>RATCHFORD, THOMAS C</b> 2700 PATRIOT BLVD #150 GLENVIEW, IL 60025 <input checked="" type="checkbox"/> Delete	S NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert T. Isham Jr.</b> 2700 Patriot Blvd. #150 Glenview, IL 60026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP	<b>FEHSEL, MERCEDES</b> 2700 PATRIOT BLVD #150 GLENVIEW, IL 60025 <input checked="" type="checkbox"/> Delete	VP NAME STREET ADDRESS CITY-ST-ZIP	<b>Erik Brooks</b> 111 Huntington Ave., #30 Boston, MA 02199 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME STREET ADDRESS CITY-ST-ZIP	<b>LABEDZ, MICHAEL J</b> 2700 PATRIOT BLVD #150 GLENVIEW, IL 60025 <input type="checkbox"/> Delete	VP NAME STREET ADDRESS CITY-ST-ZIP	<b>JAY GROSSMAN</b> 111 HUNTINGTON AVE, #30 Boston, MA 02199 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CD NAME STREET ADDRESS CITY-ST-ZIP	<b>HAYNES III, PATRICK J</b> 2700 PATRIOT BLVD #150 GLENVIEW, IL 60025 <input type="checkbox"/> Delete	VP NAME STREET ADDRESS CITY-ST-ZIP	<b>Military Kaiser</b> 111 HUNTINGTON AVE, #30 Boston, MA 02199 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	CFO NAME STREET ADDRESS CITY-ST-ZIP	<b>Norman M. Phillips</b> 2700 Patriot Blvd. #150 Glenview, IL 60026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<b>Asst. Secretary Mercedes Fehsel</b> 2700 Patriot Blvd, #150 Glenview, IL 60026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mercedes Fehsel** **7-15-04** **847-832-0071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #