



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 140075		2. Exact name of the limited liability company Pcapod LLC		
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail		
5. Principal office address 9933 Woods Drive		City Skokie	State IL	Zip 60077
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Myshelle M. Strachan		Contact Title Corporate Paralegal		
Street Address 6300 Sheriff Road, Legal Department		City Landover	State MD	Zip 20785-4303
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 7-16-52				
Manager Name Andrew Parkinson		Manager Name Brian Hotarek		
Street Address 9933 Woods Drive		Street Address 185 Campanelli Drive		
City Skokie	State IL	Zip 60077	City Braintree	State MA
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name Corporation Service Company		Address		
Address 222 Jefferson Boulevard, Suite 200		City Warwick	Zip 02888	

FILED
OFFICE OF STATE
CORPORATIONS DIV
05 OCT 14 PM 12:45

This report must be signed in ink by an authorized person pursuant to 7-16-66.

FILED	
File Date	OCT 14 2005
Check No.	3y 79647
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

7/12/05
Date

Andrew Parkinson, Manager and Treasurer
Print or Type Name of Authorized Person