

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004239 (8)**

1. Corporation Name  
**IEI ASSOCIATES, INC.**



Principal Place of Business  
**5455 HIGH POINT COURT  
LONG GROVE IL 60047**

Mailing Address  
**5455 HIGH POINT COURT  
LONG GROVE IL 60047**

3. Date Incorporated or Qualified **08/31/1995** 3a. Date of Last Report

2. Principal Place of Business  
21 **610 N. SCOTTSVALE LN**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **610 N. SCOTTSVALE LN**  
Suite, Apt. #, etc.

4. FEI Number **36-3131531** Applied For Not Applicable

22 City & State  
23 **ARLINGTON HEIGHTS, IL**

27 City & State  
28 **ARLINGTON HEIGHTS, IL**

24 Zip **60004** 25 Country **USA** 29 Zip **60004** 30 Country **USA**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CLEMENTS, MICHAEL L  
508 SADDLEWOOD LANE  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent  
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 607.1504, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature required on proxy for change of registered agent and for change of registered office. Name of Registered Agent required when registered.

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEMENTS, S T</b>	
STREET ADDRESS	<b>5455 HIGH POINT COURT</b>	
CITY - ST - ZIP	<b>LONG GROVE IL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEMENTS, MICHAEL L</b>	
STREET ADDRESS	<b>220 ADELAIDE BLVD.</b>	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEMENTS, DANIEL T</b>	
STREET ADDRESS	<b>1910 SOUTH 23RD STREET</b>	
CITY - ST - ZIP	<b>LINCOLN NE</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLEMENTS, SHERRI L</b>	
STREET ADDRESS	<b>5455 HIGH POINT COURT</b>	
CITY - ST - ZIP	<b>LONG GROVE IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEMENTS, TIMOTHY L</b>	
STREET ADDRESS	<b>643 SOUTH 13TH STREET</b>	
CITY - ST - ZIP	<b>LINCOLN NE</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS	<b>610 N. SCOTTSVALE LN</b>		
14 CITY - ST - ZIP	<b>ARLINGTON HEIGHTS, IL 60004</b>		
21 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS	<b>508 SADDLEWOOD LANE</b>		
24 CITY - ST - ZIP	<b>WINTER SPRINGS FL 32708</b>		
31 TITLE	<b>DIRECTOR/VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
42 NAME	<b>TERESA M. JENKINS</b>		
43 STREET ADDRESS	<b>610 N. SCOTTSVALE LN</b>		
44 CITY - ST - ZIP	<b>ARLINGTON HEIGHTS, IL 60004</b>		
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE	<b>TREASURER/DIRECTOR</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
62 NAME	<b>DONALD A. KRUEGER</b>		
63 STREET ADDRESS	<b>1708 BERKSHIRE</b>		
64 CITY - ST - ZIP	<b>GLENDALE HEIGHTS, IL 60139</b>		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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.

SIGNATURE: *S. Thomas Clements*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**S. THOMAS CLEMENTS, PRESIDENT**

May 15, 1996 (708) 858-8700  
Date Filed Phone #

CR2E034 (12/95)