


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90180 001 ***158.75

DOCUMENT # F95000004239			
1. Entity Name IEI ASSOCIATES, INC.			
Principal Place of Business 610 N. SCOTTSVALE LN ARLINGTON HEIGHTS, IL 60004 US		Mailing Address 610 N. SCOTTSVALE LN ARLINGTON HEIGHTS, IL 60004 US	
2. Principal Place of Business <i>618 N. SCOTTSVALE LN</i> Suite, Apt. #, etc.		3. Mailing Address <i>618 N. SCOTTSVALE LN</i> Suite, Apt. #, etc.	
City & State <i>ARLINGTON HEIGHTS, IL</i>		City & State <i>ARLINGTON HEIGHTS, IL</i>	
Zip <i>60004-5849</i>	Country <i>USA</i>	Zip <i>60004-5849</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent CLEMENTS, MICHAEL L 508 SADDLEWOOD LANE WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>685 BROADOAK LOOP</i> City <i>SANFORD</i> FL Zip Code <i>32771</i>	
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 <i>S. Thomas Clements President/CEO</i> DATE <i>03/04/2005</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLEMENTS, S T 610 N. SCOTTSVALE LN ARLINGTON HEIGHTS, IL 60004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>618 N. SCOTTSVALE LN</i> <i>ARLINGTON HEIGHTS, IL 60004-5849</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENTS, MICHAEL L 508 SADDLEWOOD LANE WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>685 BROADOAK LOOP</i> <i>SANFORD, FL 32771</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLEMENTS, TERESA M 610 N. SCOTTSVALE LN ARLINGTON HEIGHTS, IL 60004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>618 N. SCOTTSVALE LN</i> <i>ARLINGTON HEIGHTS, IL 60004-5849</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>S. Thomas Clements</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>03/04/2005</i> (847) 392-8528 <small>Date Daytime Phone #</small>	