


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000004239**

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



Principal Place of Business <b>618 N SCOTTSDALE LN          ARLINGTON HEIGHTS, IL 60004-5849 US</b>	Mailing Address <b>618 N SCOTTSDALE LN          ARLINGTON HEIGHTS, IL 60004-5849 US</b>
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-3131531</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CLEMENTS, MICHAEL L  
 685 BROADOAK LOOP  
 SANFORD, FL 32771**

**DO NOT WRITE IN THIS SPACE**

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 \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLEMENTS, S T 618 N SCOTTSDALE LN ARLINGTON HEIGHTS, IL 600045849
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENTS, MICHAEL L 685 BROADOAK LOOP SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLEMENTS, TERESA M 618 N SCOTTSDALE LN ARLINGTON HEIGHTS, IL 600045849
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael Clements*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/2008 (847) 392-8528  
Date Daytime Phone #