

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004239

Entity Name: IEI ASSOCIATES, INC.

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

618 N SCOTTSVALE LN  
ARLINGTON HEIGHTS, IL 600045849 US

## New Principal Place of Business:

## Current Mailing Address:

618 N SCOTTSVALE LN  
ARLINGTON HEIGHTS, IL 600045849 US

## New Mailing Address:

FEI Number: 36-3131531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CLEMENTS, MICHAEL L  
650 NORTHLAKE BLVD.  
SUITE 400  
ALTAMONTE SPRINGS, FL 327016126 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

03/30/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: CLEMENTS, S T  
Address: 618 N SCOTTSVALE LN  
City-St-Zip: ARLINGTON HEIGHTS, IL 600045849

Title: VD ( ) Delete  
Name: CLEMENTS, MICHAEL L  
Address: 685 BROADOAK LOOP  
City-St-Zip: SANFORD, FL 32771

Title: STD ( ) Delete  
Name: CLEMENTS, TERESA M  
Address: 618 N SCOTTSVALE LN  
City-St-Zip: ARLINGTON HEIGHTS, IL 600045849

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: CLEMENTS, S T  
Address: 618 N SCOTTSVALE LN  
City-St-Zip: ARLINGTON HEIGHTS, IL 600045849 US

Title: VD (X) Change ( ) Addition  
Name: CLEMENTS, MICHAEL L  
Address: 476 DESOTO DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: STD (X) Change ( ) Addition  
Name: CLEMENTS, TERESA M  
Address: 618 N SCOTTSVALE LN  
City-St-Zip: ARLINGTON HEIGHTS, IL 600045849 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. THOMAS CLEMENTS

Electronic Signature of Signing Officer or Director

PCD

03/30/2009

Date