

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P29763

FILED
Aug 16, 2002
Secretary of State

Entity Name: SCHAFFER SYSTEMS INC.

Current Principal Place of Business:

1000 FLAG RD
ADAIR, IA 50002

New Principal Place of Business:

Current Mailing Address:

1000 FLAG RD
ADAIR, IA 50002 US

New Mailing Address:

FEI Number: 42-1303831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASPENGREN, VICTOR
Address: 1052-340TH ST
City-St-Zip: ADAIR, IA 50002

Title: VPO () Delete
Name: LITTLER, PHIL
Address: 605 ADAIR STREET
City-St-Zip: ADAIR, IA 50002

Title: VFST () Delete
Name: ROBERTS, DIANE
Address: 2815 FRONTIER RD
City-St-Zip: ADAIR, IA 50002

Title: VEPD () Delete
Name: GRUHN, RYAN
Address: 906 SPRUCE ST
City-St-Zip: ATLANTIC, IA 50022

Title: VPS () Delete
Name: WILSON, PATTI
Address: 608-8TH ST
City-St-Zip: ADAIR, IA 50002

Title: VMNP (X) Delete
Name: IRLMEIER, MIKE
Address: RR 1, BOX 74
City-St-Zip: ADAIR, IA 50002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VFST (X) Change () Addition
Name: ROBERTS, DIANE
Address: 304 GUTHRIE STREET
City-St-Zip: ADAIR, IA 50002

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: IMMEL, TERESA
Address: 3397 ELM AVENUE
City-St-Zip: ADAIR, IA 50002

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANE ROBERTS

VP

08/16/2002

Electronic Signature of Signing Officer or Director

Date