

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90104 024 \*\*\*150.00

DOCUMENT # P916000095891  
 1. Entity Name  
Asset Remarketing Corp. ✓

Principal Place of Business Mailing Address  
800 Timberlake Drive 800 Timberlake Drive  
Edwardsville, IL 62025 Edwardsville, IL 62025

2. Principal Place of Business 3. Mailing Address  
800 Timberlake Drive 800 Timberlake Drive  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Edwardsville, IL Edwardsville, IL  
 Zip: 62025 Country: USA Zip: 62025 Country: USA

4. FEI Number 59-3413552 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Stephen T. Oltman  
3438 EAST LAKE ROAD  
Palm Harbor, FL 33624

7. Name and Address of New Registered Agent  
 Name: Thomas Dee  
 Street Address (P.O. Box Number is Not Acceptable): 1377 FOREST EDGE BLVD.  
 City: Oldsmar FL Zip Code: 34677

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

SIGNATURE: Stephen T. Oltman DATE: 3/30/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	<u>P/S</u>	<input type="checkbox"/> Delete
NAME	<u>OLTMAN STEPHENT,</u>	
STREET ADDRESS	<u>800 TIMBERLAKE DRIVE</u>	
CITY-ST-ZIP	<u>EDWARDSVILLE, IL 62025</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen T. Oltman Date: 3/30/00 Daytime Phone #: 800 272 9993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)