

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90410 012 ***150.00

0507483 AT

DOCUMENT # 830356
 1. Entity Name
COLLINS RADIO COMPANY

Principal Place of Business Mailing Address
777 EAST WISCONSIN AVENUE **777 EAST WISCONSIN AVENUE**
SUITE 1553 **SUITE 1553**
MILWAUKEE WI 53202 **MILWAUKEE WI 53202**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address *Ch Deloitte & Touche*
400 COLLINS RD NE *411 E WISCONSIN AVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2300

City & State City & State
Cedar Rapids IA *MILWAUKEE WI*
 Zip Country Zip Country
52498 USA *53202 USA*

4. FEI Number **75-1427945** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | VPS VETTER, WILLIAM 6040 PONDER'S COURT GREENVILLE SC 29615 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ALLEN, PATRICK E 777 E WISCONSIN AVE SUITE 1400 MILWAUKEE WI 53202 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AST GARDNER, STEVEN S 777 E WISCONSIN AVE SUITE 1553 MILWAUKEE WI 53202 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT GARDNER, STEVEN S 777 E. WISCONSIN AVENUE., STE 1400 MILWAUKEE WI 53202 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P G.R. CHADICK 400 COLLINS RD NE CEDAR RAPIDS IA 52498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | N/S THOMAS MANOR 400 COLLINS RD NE CEDAR RAPIDS IA 52498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASS K. EPPLE 400 COLLINS RD NE CEDAR RAPIDS IA 52498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AST MARK VACHALEK 400 COLLINS RD NE CEDAR RAPIDS IA 52498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Mark Vachalek* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-24-02**
 Date Daytime Phone #

CR2E034 (9/01)