## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT #841153** Jan 27, 2000 8:00 am **Secretary of State** MOLINE ACCESSORIES CORPORATION 01-27-2000 90005 015 \*\*\*150.00 Mailing Address Principal Place of Business ONE MONTGOMERY CT 430 W. 7TH STREET MOLINE IL 61265-1374 KANSAS CITY MO 64105 3. Mailing Address 2. Principal Place of Business One KONE Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 44-0360590 Not Applicable Moline ILCountry Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required US 61265 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/D X Addition ☐ Change PFD X Delete TITLE TITLE NAME NAME MAKINEN, HEIMO Claassen, James STREET ADORESS STREET ADDRESS ONE MONTGOMERY COURT One KONE Court CITY-ST-ZIP CITY-ST-ZIP Moline, IL 61265 MOLINE IL ☐ Addition □X Change ☐ Delete VTD TITLE TITLE NAME SIHVOLA, P.A. STREET ADDRESS STREET ADDRESS ONE MONTGOMERY COURT One KONE Court CITY-ST-ZIP CITY-ST-ZIP MOLINE IL 61265 Moline. IL 61265 T Change ■ Addition Delete\_\_\_ TITLE ... TITLE NAME STEPANIAK, K.E. NAME STREET ADDRESS One KONE Court STREET ADDRESS ONE MONTGOMERY COURT CITY-ST-ZIP CITY-ST-ZIP MOLINE IL 61265 Moline, IL 61265 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 the like empowered.

SIGNATURE:

Kurt, Stepaniak

1/13/2000

309-764-6771

Daytime Phone #