

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-08-2001 90075 040 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000002477**

1. Entity Name
MERIDIAN LAND CO.

Principal Place of Business
**ONE 157 CENTER
 EDWARDSVILLE IL 62025**

Mailing Address
**ONE 157 CENTER
 EDWARDSVILLE IL 62025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1375609

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
 % QUARLES & BRADY
 4501 TAMiami TRAIL NORTH, SUITE 300
 NAPLES FL 34103-3060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 acceptable

(Signature of Registered Agent required when removing)

DATE

9. The 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

PD KAISER, TIMOTHY Kaiser, Timothy N
4805 TERRACE LANE
GODFREY IL 62035

SD WINFIELD, CLAY
834 WILLIAMSBURG BOULEVARD
EDWARDSVILLE IL 62025

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EDWARDSVILLE IL 62025

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

SD WINFIELD, CLAY
834 WILLIAMSBURG BOULEVARD
EDWARDSVILLE IL 62025

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EDWARDSVILLE IL 62025

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 entry like empowered.

SIGNATURE

2-5-01**(608) 463-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

DATE AND PHONE