2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F0000005286 DOCUMENT

1. Entity Name

HEARTLAND FINANCIAL SERVICES, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90279 011 ***150.00

					WE THE					
1107 HAZELTINE BLVD. MD-67 200 CHASKA MN 55318 ATTN				•						
2. Principal F	Place of Busin	ess	3. Mailing Address	failing Address		- 				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 41-1550883 Applied For Not Applicable				
Zip		Country	Zip	Coun	etry	5. Certificate of	of Status Desired		8.75 Add	ditional
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current	Registered Agent			7. Name and A	Address of New Reg			
			<u> </u>		Name					
MARTIN,	JOANNE						•			
	I PABLO RO)AD			Street Address (O. Box Number is Not Acceptable)				
	IVILLE FL 3									
0/10/10011	*************	LLL 4								
					City			FL	Zip Code	e
the obligat	e named entity tions of regist	, submits this statement fo ered agent,	r the purpose of chan	ging its registere	ed office or register	red agent, or both	, in the State of Floric	la. I am far	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature required	when reinstating)		DATE		
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of		•		Trus	tion Campaign Finar t Fund Contribution.		Added	0 May Be to Fees
10.	PCD	OFFICERS AND		11.		ADDITIONS/C	CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ebel, dav	STREET S.W.	☐ Delet	NAM STRE				l	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VANESSA STREET S.W. ER MN 55905	☐ Delet	NAMI STRE				[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OVIATT, JO 200 FIRST ROCHESTI	STREET S.W.	☐ Delet	NAM! STRE				ſ	Change	Addition
TITLE NAME Street Address City-St-Zip	T SCHMIDT,	BRADLEY STREET S.W.	□ Delet	NAM! STRE	I			. [Change	☐ Addition
TITLE Name Street address City-St-Zip	D Wagner, 1107 haze Chaska M	ELTINE BLVD., MD-67	⊠ Deleti	NAME STREE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	portify that the	information supplied with	Delete	NAME STREE CITY-	ET ADDRESS ST-ZIP	-ii 440 07(5\/)] Change	☐ Addition

Thereby 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 amprovered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUSTAIRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JONAThan J. Oviatt Date

<u>(507) 284-8707</u>