

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F01000002912**

1. Entity Name

IOWA ILLINOIS PARTNERS, INC.

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90015 028 ***150.00

0806030 AT

Principal Place of Business

2600 DODGE STREET, PLAZA 20 EXECUTIVE
DUBUQUE IA 52003

Mailing Address

2600 DODGE STREET, PLAZA 20 EXECUTIVE
DUBUQUE IA 52003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1518224

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETTY ANN GERSKI

1211 ROSEMARY COURT, UNIT #C201

NAPLES FL 34103

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.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CS
BLEILE, LORAS H
16288 COUNTRY CLUB DRIVE
PEOSTA IA 52068 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCV
MCCOY, JANET
6232 N. HERMITAGE AVENUE
CHICAGO IL 60660 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KAHLE, SALLY A
2040 SOUTH GRANDVIEW AVENUE
DUBUQUE IA 52003 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 4, 2002

563-556-6333



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)