

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000004158**

1. Entity Name

MOORMAN'S, INC.**FILED****May 12, 2001 8:00 am**
Secretary of State

05-12-2001 90058 011 ***150.00

Principal Place of Business

**1000 NORTH 30TH STREET
QUINCY IL 62305-3115**

Mailing Address

**TAX DEPT
4666 FARIES PKWY
DECATUR IL 62526
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. IFBI Number **37-1328117**

Applied For

Not Applicable

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****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

32

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOSTER, MICHAEL J	
STREET ADDRESS	1000 NORTH 30TH ST.	
CITY-ST-ZIP	QUINCY IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, D J	
STREET ADDRESS	4666 FARIES PKWY	
CITY-ST-ZIP	DECATUR IL 62526	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHMALZ, D J	
STREET ADDRESS	4666 FARIES PKWY	
CITY-ST-ZIP	DECATUR IL 62526	
TITLE	SA	<input type="checkbox"/> Delete
NAME	RONEY, S A	
STREET ADDRESS	4666 FARIES PKWY	
CITY-ST-ZIP	DECATUR IL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYLESS, C T	
STREET ADDRESS	4666 FARIES PKWY	
CITY-ST-ZIP	DECATUR IL 62526	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, B F	
STREET ADDRESS	4666 FARIES PKWY	
CITY-ST-ZIP	DECATUR IL 62526	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D.J. SMITH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C.A. FISCHER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 other like empowered.

SIGNATURE: *D.J. Schmalz***D.J. SCHMALZ****04/20/01****(217) 451-4387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)