

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**  
 04-18-2002 90393 028 \*\*\*150.00

**DOCUMENT # F94000005529**

1. Entity Name

**LANGE TRADING COMPANY, INC.**

Principal Place of Business

**P.O. BOX 19261  
 SPRINGFIELD IL 62794-9261**

Mailing Address

**P.O. BOX 19261  
 SPRINGFIELD IL 62794-9261**

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

**86-0696909**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MEUERS, LAWRENCE H  
 2590 GOLDEN GATE PARKWAY  
 SUITE 109  
 NAPLES FL 33942**

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **GAY, FARRELL C**  
 STREET ADDRESS **1516 WESTLAKE SHORE DRIVE**  
 CITY-ST-ZIP **SPRINGFIELD IL 62707**

TITLE **CEO** ☐ Delete  
 NAME **GUMPert, FILMORE W**  
 STREET ADDRESS **444 TRILBEY COURT**  
 CITY-ST-ZIP **NOBLESVILLE IN 46060**

TITLE **ST** ☐ Delete  
 NAME **SMITH, MICHAEL E**  
 STREET ADDRESS **2120 SOUTH GLENWOOD**  
 CITY-ST-ZIP **SPRINGFIELD IL**

TITLE **P** ☐ Delete  
 NAME **GUMPert, FILMORE W**  
 STREET ADDRESS **444 TRILBEY CT**  
 CITY-ST-ZIP **NOBLESVILLE IN 46060**

TITLE **D** ☐ Delete  
 NAME **GRISWOLD, JIMMY**  
 STREET ADDRESS **811 N. LINDEN**  
 CITY-ST-ZIP **WICHITA KS 67206**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Senior Vice President** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)