

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

06-14-2001 90011 039 \*\*\*550.00

**DOCUMENT # F95000001630**

1. Entity Name

IAC SECURITIES, INC.

Principal Place of Business

2122 YORK ROAD  
 SUITE 300  
 OAK BROOK IL 60523  
 US

Mailing Address

2122 YORK ROAD  
 SUITE 300  
 HINSDALE IL 60523  
 US

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 **42-1206074**

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

NRAI SERVICES, INC.  
 526 EAST PARK AVE.  
 TALLAHASSEE FL 32301

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, 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 **P** ☐ Delete  
 NAME **QUALDONI, TOM**  
 STREET ADDRESS **2122 YORK ROAD**  
 CITY-ST-ZIP **OAK BROOK IL 60523**

TITLE ☐ Change ☐ Addition  
 NAME **THOMAS F. STREIFF**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TAS** ☐ Delete  
 NAME **PRIBYL, BRIAN**  
 STREET ADDRESS **1206 MULBERRY**  
 CITY-ST-ZIP **DES MOINES IA 50309**

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

TITLE **VSD** ☐ Delete  
 NAME **FAIR, NORMAN**  
 STREET ADDRESS **2211 YORK ROAD, SUITE 202**  
 CITY-ST-ZIP **OAK BROOK IL 60523**

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

TITLE **D** ☐ Delete  
 NAME **GLEESON, SHANE**  
 STREET ADDRESS **2211 YORK ROAD, SUITE 202**  
 CITY-ST-ZIP **HINSDALE IL 60523**

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

TITLE **D** ☐ Delete  
 NAME **BUTKIEWICZ, RON**  
 STREET ADDRESS **2211 YORK ROAD, SUITE 202**  
 CITY-ST-ZIP **HINSDALE IL 60523**

TITLE ☐ Change ☐ Addition  
 NAME **THOMAS F. STREIFF**  
 STREET ADDRESS **2122 YORK ROAD SUITE 300**  
 CITY-ST-ZIP **OAK BROOK, ILL. 60523**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **VICE PRESIDENT AND CFO**  
 STREET ADDRESS **SHARON R. ROBERTSON**  
 CITY-ST-ZIP **2122 YORK ROAD SUITE 300**  
**OAK BROOK, ILL. 60523**

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:

*Sharon R. Robertson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SHARON R. ROBERTSON*

V.P. + C.F.O.

5/15/01

Date

800-798-8324

Daytime Phone #