

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90394 011 ***150.00

DOCUMENT # F95000001630

1. Entity Name

IAC SECURITIES, INC.

Principal Place of Business

Mailing Address

~~2122 YORK ROAD~~
~~SUITE 300~~
 OAK BROOK IL 60523
 US

2122 YORK ROAD
 SUITE 000
 HINSDALE IL 60523
 US

2. Principal Place of Business

3. Mailing Address

2211 YORK ROAD

2211 YORK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 202

SUITE 202

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME STREIFF, THOMAS F
 STREET ADDRESS 2122 YORK ROAD
 CITY-ST-ZIP OAK BROOK IL 60523 ☒ Delete

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

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

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

TITLE VCEO
 NAME ROBERTSON, SHARON R
 STREET ADDRESS 2122 YORK ROAD STE 300
 CITY-ST-ZIP OAK BROOK IL 60523 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE PRES.
 NAME Alberta S. Roberts
 STREET ADDRESS 2211 YORK RD. SUITE 202
 CITY-ST-ZIP OAK BROOK, IL 60523 ☐ Change ☒ Addition

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

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

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

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

TITLE
 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: *Sharon R. Robertson* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)