

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004080** ✓

1. Corporation Name

**ITI MARKETING SERVICES, INC.**

Principal Place of Business  
**902 NORTH 91ST PLAZA  
OMAHA NE 68114-2467**

Mailing Address  
**902 NORTH 91ST PLAZA  
OMAHA NE 68114-2467**

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90018 004 \*\*\*558.75

594048 - 90018 - 4



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/23/1995**

4. FEI Number

**47-0791370**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21 One Parkway North Center**

Suite, Apt. #, etc.

**22**

City & State

**23 Deerfield, IL**

Zip

**24 60015**

Country

2a. Mailing Address

**26 425 2nd Street SE**

Suite, Apt. #, etc.

**27**

City & State

**28 Cedar Rapids, IA**

Zip

**29 52406**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ DELETE

NAME **MITCHELL, LEE M**

STREET ADDRESS **902 NORTH 91ST PLAZA**

CITY-ST-ZIP **OMAHA NE**

TITLE **AS** ☒ DELETE

NAME **GABRIELSON, TAMI L**

STREET ADDRESS **902 N. 91ST PLAZA**

CITY-ST-ZIP **OMAHA NE 68114**

TITLE **BM** ☒ DELETE

NAME **IDELMAN, STEVEN A.**

STREET ADDRESS **1650 FARNAM #220**

CITY-ST-ZIP **OMAHA NE 68102**

TITLE **BM** ☒ DELETE

NAME **IDELMAN, SHERI B.**

STREET ADDRESS **1650 FARNAM, #220**

CITY-ST-ZIP **OMAHA NE 68102**

TITLE **BM** ☒ DELETE

NAME **THOMA, CARL D.**

STREET ADDRESS **6100 SEARS TOWER**

CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **BM** ☒ DELETE

NAME **HIPP, RAYMOND R.**

STREET ADDRESS **902 N 91ST PLAZA**

CITY-ST-ZIP **OMAHA NE 68114**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition

1.2 NAME **Marc S. Simon**

1.3 STREET ADDRESS **One Parkway North Center**

1.4 CITY-ST-ZIP **Deerfield, IL 60015**

2.1 TITLE **Chairman** ☐ Change ☒ Addition

2.2 NAME **Theodore G. Schwartz**

2.3 STREET ADDRESS **One Parkway North Center**

2.4 CITY-ST-ZIP **Deerfield, IL 60015**

3.1 TITLE **Vice President & Assistant Secretary** ☐ Change ☒ Addition

3.2 NAME **Philip B. Wade**

3.3 STREET ADDRESS **425 Second Street SE**

3.4 CITY-ST-ZIP **Cedar Rapids, IA 52401**

4.1 TITLE **Senior V.P. & Chief Financial Officer** ☐ Change ☒ Addition

4.2 NAME **Mark Remissong**

4.3 STREET ADDRESS **One Parkway North Center**

4.4 CITY-ST-ZIP **Deerfield, IL 60015**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Signature Required**

**7-15-99**

Date

Daytime Phone #

CR2E034 (5/99)