

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004239

1. Entity Name
IEI ASSOCIATES, INC.



Principal Place of Business
**610 N. SCOTTSVALE LN
ARLINGTON HEIGHTS, IL 60004 US**

Mailing Address
**610 N. SCOTTSVALE LN
ARLINGTON HEIGHTS, IL 60004 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3131531

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLEMENTS, MICHAEL L
508 SADDLEWOOD LANE
WINTER SPRINGS, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD CLEMENTS, S T 610 N. SCOTTSVALE LN ARLINGTON HEIGHTS, IL 60004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CLEMENTS, MICHAEL L 508 SADDLEWOOD LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CLEMENTS, TERESA M 610 N. SCOTTSVALE LN ARLINGTON HEIGHTS, IL 60004
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U050000003426
01/13/04-80056-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Thomas Clements **S. THOMAS CLEMENTS** 01/08/04 (847) 392-8528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #