

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90008 028 ***150.00

DOCUMENT # **Fal 000000 3325**

1. Entity Name

RINDERKNECHT ASSOCIATES INC.

Principal Place of Business

**1000 29TH AVE SW
 CEDAR RAPIDS, IA 52404**

Mailing Address

**P.O. BOX 369
 CEDAR RAPIDS, IA 52406**

LA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

42-0959632

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERALD FRIAUF 1000 29TH AVE SW CEDAR RAPIDS, IA 52404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD TOM AMOSSON 1000 29TH AVE. SW CEDAR RAPIDS, IA 52404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVEN T. DOUGLASS 1000 29TH AVE. S.W. CEDAR RAPIDS, IA 52404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP EV KRUG 1000 29TH AVE. SW CEDAR RAPIDS, IA 52404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATHY SHEPHERD 1000 29TH AVE SW CEDAR RAPIDS, IA 52404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-01

(319) 366-7786 X-104

CR2E034 (11/00)

Attachment

D # F96000003325
A0074972

RECEIVED
JUN 21 2001

Rinderknecht Associates, Inc.

Rinderknecht Ass.
P O Box 369
Cider Rapid, Ia.
52406

319-366-7786 ext.104

Request taken by: sbeasley
06-15-2001

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

RINDERKNECHT ASSOCIATES INC.

PLEASE understand that we did not receive the original Annual Report
or we would have filed in a timely manner. I have filed the return
as soon as we received the copy sent to us. Thanks for your understanding.

Steven T. Douglass

Steven T. Douglass, Treasurer

(319) 366-7781 x-104