

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90172 001 ***150.00

DOCUMENT # F96000003456

1. Entity Name *Sentry Insurance Agency, Inc., formerly*
JOHN DEERE INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

~~3400 80TH ST~~
~~MOLINE IL 61265~~

~~3400 80TH ST~~
~~MOLINE IL 61265-5884~~

2. Principal Place of Business

Stevens Point, WI

3. Mailing Address

1800 North Point Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stevens Point, WI

4. FEI Number

36-3613807

Applied For

Not Applicable

Zip

Country

Zip

54481

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Treasurer

2/18/00

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, 2000 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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NIXON, ROBERT E.	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL 61265	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHRUENBERG, ROBERT D	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ASHENBERG, WAYNE	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, PHIL	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL 61265	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ADAM, JOSEPH N	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL 61265	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRUDOS, DANIEL J	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL 61265	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dale R. Schuh	
STREET ADDRESS	1800 North Point Drive	
CITY-ST-ZIP	Stevens Point, WI 54481	
TITLE	Vice President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. Reko	
STREET ADDRESS	1800 North Point Drive	
CITY-ST-ZIP	Stevens Point, WI 54481	
TITLE	Secretary & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William M. O'Reilly	
STREET ADDRESS	1800 North Point Drive	
CITY-ST-ZIP	Stevens Point, WI 54481	
TITLE	Treasurer & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Lohr	
STREET ADDRESS	1800 North Point Drive	
CITY-ST-ZIP	Stevens Point, WI 54481	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet L. Fagan	
STREET ADDRESS	1800 North Point Drive	
CITY-ST-ZIP	Stevens Point, WI 54481	
TITLE	Associate Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane L. Swiger	
STREET ADDRESS	1800 North Point Drive	
CITY-ST-ZIP	Stevens Point, WI 54481	

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

Treasurer

Date

Daytime Phone #

2/18/00

(715) 346-6000

CR2E034 (9/99)