

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90013 037 ***550.00

DOCUMENT # F96000004905

1. Entity Name

DEXTER FINANCIAL SERVICES, INC.

Principal Place of Business

**5001 J ST., S.W.
 CEDAR RAPIDS IA 52404**

Mailing Address

**PO BOX 5368
 CEDAR RAPIDS IA 52404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

52406-5368

4. FEI Number

42-1369152

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

**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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTDC
 KOOL, RUSSELL J
 2222 1ST AVE., NE, #803
 CEDAR RAPIDS IA 52402** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**President
 Allen D Ehret
 1010 Grand Park Dr
 Fairfield IA 52556** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VDC
 KOOL, MARTHA A
 2222 1ST AVE., NE, #803
 CEDAR RAPIDS IA 52402** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Sec-Treas
 Frank D Fritz
 200 E Harrison Ave
 Fairfield IA 52556** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 MALCOLM, RODERIC L
 1222 43RD ST SE
 CEDAR RAPIDS IA 52403** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 FREEZE, JAMES N
 2117 BROOKLAND DR., N.E.
 CEDAR RAPIDS IA 52402** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Director of Retail Services ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 FRAZIER, LEO K
 6621 FIRST AVE., S.W.
 CEDAR RAPIDS IA 52404** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 KIMMEL, WILLIAM J
 1260 W 72ND TERR
 KANSAS CITY MO 64114** ☒ Delete

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/01

(319) 363-3769

CP2EN34 (5/01)