

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000000102**1. Entity Name
FARNSWORTH GROUP, INC.**Principal Place of Business**2709 MCGRAW DRIVE
ATTENTION: DIANE HASTY
BLOOMINGTON
61704

IL

Mailing Address2709 MCGRAW DRIVE
ATTENTION: DIANE HASTY
BLOOMINGTON
61704

IL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**37-1123236**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**POLK ROBERT ESR**
205 AUSTIN HILL COURT**SUN CITY**
33573
US

FL

7. Name and Address of New Registered Agent

Name

POLK C. NAN SRStreet Address (P.O. Box Number is Not Acceptable)
205 AUSTIN HILL COURTCity
SUN CITY

FL

Zip Code
33573

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 **C. NAN POLK**

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

(NOTE: Registered Agent signature required when reinstating)

04/29/2001

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**TITLE **D** ☐ Delete
NAME **MELTON DOUGLAS C**
STREET ADDRESS **1929 HAVENHILL PARK**
CITY-ST-ZIP **NORMAL IL 61761**TITLE **D** ☒ Change ☐ Addition
NAME **RUTLEDGE DONALD K**
STREET ADDRESS **5 REDSTONE CT**
CITY-ST-ZIP **BLOOMINGTON IL 61704**TITLE **D** ☐ Delete
NAME **LEMON JAMES R**
STREET ADDRESS **1131 OAKWOOD RD**
CITY-ST-ZIP **EAST PEORIA IL 61611**TITLE **D** ☒ Change ☐ Addition
NAME **WALKENHORST RICHARD C**
STREET ADDRESS **2315 BROOKHOLLOW LN.**
CITY-ST-ZIP **GLENCOE MO 63038**TITLE **D** ☐ Delete
NAME **ADAMS DONALD L**
STREET ADDRESS **1002 PORTER LANE**
CITY-ST-ZIP **NORMAL IL 61761**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FINIEN CHARLES N**
STREET ADDRESS **1113 BROADWAY**
CITY-ST-ZIP **NORMAL IL 61761**TITLE **D** ☒ Change ☐ Addition
NAME **FINLEN CHARLES N**
STREET ADDRESS **1113 BROADWAY**
CITY-ST-ZIP **NORMAL IL 61761**TITLE **PD** ☐ Delete
NAME **FARNSWORTH JOHN R**
STREET ADDRESS **206 FLEETWOOD DR**
CITY-ST-ZIP **BLOOMINGTON IL 61701**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Delete
NAME **FARNSWORTH GEORGE A**
STREET ADDRESS **41 RAVENWOOD**
CITY-ST-ZIP **BLOOMINGTON IL 61704**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: DONALD K. RUTLEDGE

D

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)