

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004089

1. Entity Name

McLead USA Information Services Inc

NC
1/17/00
(FV)

FILED

01 JUN 19 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9012 NEW TRAILS DR
THE WOODLANDS TX 77381-4254
US

Mailing Address
9012 NEW TRAILS DR PO Box 3177
THE WOODLANDS TX 77381-4254
US
Cedar Rapids, IA
52406-3177

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
6400 CS+SW
Suite, Apt. #, etc.
PO Box 3177
City & State
Cedar Rapids, Iowa
Zip
52406-3177
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0529757 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC. CT Corporation System
526 E-PARK AVE 1200 South Pine Island Road
TALLAHASSEE FL 32301 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$350.00
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	PCEO WILSON, WILLIAM R 8665 NEW TRAILS DR, SUITE 200 THE WOODLANDS TX 77381 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Roy A. Wilkens 15 East Fifth Street, Suite 1800 Tulsa, OK 74103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, WILLIAM R 8665 NEW TRAILS DR, SUITE 200 THE WOODLANDS TX 77381 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stephen C. Gray 6400 CS+SW, Box 3177 Cedar Rapids, IA 52406-3177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FUGATE, J. ROBERT 8665 NEW TRAILS DR. THE WOODLANDS TX 77381 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, CFO J. Kyle Parrish 6400 CS+SW, Box 3177 Cedar Rapids, IA 52406-3177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOATNER, DAVID M 8665 NEW TRAILS DR. THE WOODLANDS TX 77381 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Treasurer Joseph H. Remenc 6400 CS+SW, Box 3177 Cedar Rapids, IA 52406-3177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCGETTIGAN, PATRICK J JR 8665 NEW TRAILS DR, SUITE 200 THE WOODLANDS TX 77381 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary Randall Rings 6400 CS+SW, Box 3177 Cedar Rapids, IA 52406-3177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKENS, ROY 8665 NEW TRAILS DR, SUITE 200 THE WOODLANDS TX 77381 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: Randall Rings 4/24/01 (319) 70-7725
SIGNATURE / TYPED OR PRINTED NAME OFFICER OR DIRECTOR Date Daytime Phone #
Randall Rings Secretary

CR2E034 (10/00)