

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004768

1. Entity Name

CARE PURCHASING SERVICES, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90161 001 *1,500.00

Principal Place of Business

800 SECOND AVENUE, STE 200
DES MOINES IA 50309-1380

Mailing Address

800 SECOND AVENUE, STE 200
DES MOINES IA 50309-1380

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 42-1475411

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

TITLE PD
NAME THURSTON, STAN G
STREET ADDRESS 800 SECOND AVENUE
CITY-ST-ZIP DES MOINES IA ☐ Delete

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

TITLE VSD
NAME HOOVER, STEPHEN J
STREET ADDRESS 8725 ROSEHILL ROAD HILL STE 212
CITY-ST-ZIP LENEKA KS 66215 ☒ Delete

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

TITLE VD
NAME KENNY, EDWARD R
STREET ADDRESS 800 SECOND AVENUE
CITY-ST-ZIP DES MOINES IA ☐ Delete

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

TITLE VD
NAME HARRISON, MARY J
STREET ADDRESS 800 NW 17 AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

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

TITLE VT
NAME NEIS, ARTHUR V
STREET ADDRESS 800 SECOND AVENUE
CITY-ST-ZIP DES MOINES IA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Arthur V. Neis

Arthur V. Neis

4-18-01

(515) 245-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)