

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000002058**

1. Entity Name

THE FREEDOM GROUP INC.**FILED**
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90002 018 ***150.00

00021083



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4401 WESTOWN PKWY. STE 212
WEST DES MOINES IA 50391-1007****4401 WESTOWN PKWY. STE 212
WEST DES MOINES IA 50391-0001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1281660

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****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	<input type="checkbox"/> Delete
NAME	KANE, LARRY J	
STREET ADDRESS	1425 60TH ST., NE	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRAWE, JAMES H	
STREET ADDRESS	1425 60TH ST., NE	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRYK, MATTHEW J	
STREET ADDRESS	1425 60TH ST., NE	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MUMA, LESLIE M	
STREET ADDRESS	255 FISERY DRIVE	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENSEN, KENNETH R	
STREET ADDRESS	255 FISERY DRIVE	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEST, C J	
STREET ADDRESS	4401 WESTOWN PKWY STE 212	
CITY-ST-ZIP	WEST DES MOINES IA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

Date

2/10/00

Daytime Phone #

262-579-5000

CR2E034 (9/99)