

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90002 018 ***150.00

DOCUMENT # F99000002058

1. Entity Name
THE FREEDOM GROUP INC.

Principal Place of Business 4401 WESTOWN PKWY. STE 212 WEST DES MOINES IA 50391-1007	Mailing Address 4401 WESTOWN PKWY. STE 212 WEST DES MOINES IA 50391-0001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 42-1281660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *C. J. West* **Asst. Secretary** Date: **2/10/00** Daytime Phone #: **262-579-5000**

CR2E034 (9/99)