

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90077 001 \*\*\*450.00

**DOCUMENT # F99000002058**

1. Entity Name  
**THE FREEDOM GROUP INC.**



Principal Place of Business  
**1425 60TH STREET NE  
CEDAR RAPIDS IA 52402  
US**

Mailing Address  
**P.O. BOX 979  
DROP POINT S306  
BROOKFIELD WI 53008-0979**

**55002279**



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **PERDICHEZZI, ANTHONY T**  
STREET ADDRESS **2110 WILEY BLVD. SW**  
CITY-ST-ZIP **CEDAR RAPIDS IA 52404**

TITLE **Billie Mike Key - President** ☐ Change ☒ Addition  
NAME **1425 60th St. NE**  
STREET ADDRESS **Cedar Rapids, IA 52404**  
CITY-ST-ZIP

TITLE **ST** ☒ Delete  
NAME **GRAWE, JAMES H**  
STREET ADDRESS **1425 60TH ST., NE**  
CITY-ST-ZIP **CEDAR RAPIDS IA**

TITLE **Mark De France, Treasurer** ☐ Change ☒ Addition  
NAME **1425 60th St. NE**  
STREET ADDRESS **Cedar Rapids, IA 52404**  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **SPRAGUE, CHARLES W**  
STREET ADDRESS **255 FISERV DRIVE**  
CITY-ST-ZIP **BROOKFIELD WI 53045**

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

TITLE **CD** ☐ Delete  
NAME **MUMA, LESLIE M**  
STREET ADDRESS **255 FISERY DRIVE**  
CITY-ST-ZIP **BROOKFIELD WI**

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

TITLE **V** ☐ Delete  
NAME **JENSEN, KENNETH R**  
STREET ADDRESS **255 FISERY DRIVE**  
CITY-ST-ZIP **BROOKFIELD WI**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/16/03**

**262-879-5000**

CR2E034 (10/02)