

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002899

1. Entity Name

ARAG USA, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90094 045 \*\*\*150.00

Principal Place of Business

Mailing Address

400 LOCUST STREET, SUITE 480  
DES MOINES IA 50309

400 LOCUST STREET, SUITE 480  
DES MOINES IA 50309-2352

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **42-1475882**

Applied For

Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME CP  
STREET ADDRESS BRENNAN, JAMES R  
CITY-ST-ZIP 400 LOCUST STREET, SUITE 480  
DES MOINES IA 50309

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

TITLE ☐ Delete  
NAME VCP  
STREET ADDRESS RETHERFORD, MICHAEL A  
CITY-ST-ZIP 400 LOCUST STREET, SUITE 480  
DES MOINES IA 50309

TITLE ☒ Change ☐ Addition  
NAME Vice President/Treasurer  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS TROUT, JOAN D  
CITY-ST-ZIP 400 LOCUST STREET, SUITE 480  
DES MOINES IA 50309

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

TITLE ☐ Delete  
NAME DGC  
STREET ADDRESS BAKER, DAVID A  
CITY-ST-ZIP 400 LOCUST STREET, SUITE 480  
DES MOINES IA 50309

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

1-12-00

Date

800-888-4184

Daytime Phone #

CR2E034 (9/99)