

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000005469**

1. Entity Name

**IAA SERVICES, INC.****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91249 033 \*\*\*150.00

Principal Place of Business

**C/O GASPAR RUGGIRELLO  
850 EAST ALGONQUIN ROAD, SUITE 100  
SCHAUMBURG IL 60173**

Mailing Address

**C/O GASPAR RUGGIRELLO  
850 EAST ALGONQUIN ROAD, SUITE 100  
SCHAUMBURG IL 60173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **36-4294285**

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

**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, 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, CHRISTOPHER G	
STREET ADDRESS	805 EAST ALGONQUIN ROAD	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALSH, PATRICK T	
STREET ADDRESS	805 EAST ALGONQUIN ROAD	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, STEPHEN L	
STREET ADDRESS	805 EAST ALGONQUIN ROAD	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	ASAT	<input checked="" type="checkbox"/> Delete
NAME	RUGGIRELLO, GASPAR G	
STREET ADDRESS	805 EAST ALGONQUIN ROAD	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas C. O'Brien	
STREET ADDRESS	850 E. Algonquin Rd, Suite 100	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Montgomery	
STREET ADDRESS	850 E. Algonquin Rd, Suite 100	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	CFO & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Pettit	
STREET ADDRESS	850 E. Algonquin Rd, Suite 100	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	CAO & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark W. Russell	
STREET ADDRESS	850 E. Algonquin Road, Suite 100	
CITY-ST-ZIP	Schaumburg, IL 60173	
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: *g Mark W Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chief Accounting Officer

4-18-01

(847) 839-4197

Date

Daytime Phone #

CR2E034 (10/00)