

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90021 049 \*\*\*150.00

**DOCUMENT # F99000005469**

1. Entity Name

IAA SERVICES, INC.

Principal Place of Business

C/O ~~GASPARO RUGGIRELLO~~ Tax Department  
 850 EAST ALGONQUIN ROAD, SUITE 100  
 SCHAUMBURG IL 60173

Mailing Address

C/O ~~GASPARO RUGGIRELLO~~ Tax Department  
 850 EAST ALGONQUIN ROAD, SUITE 100  
 SCHAUMBURG IL 60173

915752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4294285

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, 2002 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 PD ☐ Delete  
 NAME OBRIEN, THOMAS C  
 STREET ADDRESS 850 E ALGINQUIN RD STE 100  
 CITY-ST-ZIP SCHAUMBURG IL 60173

TITLE ☐ Change ☒ Addition  
 NAME Corporate Counsel & Secretary  
 STREET ADDRESS Sidney Kerley  
 CITY-ST-ZIP 850 E. Algonquin Rd, Suite 100  
 SCHAUMBURG, IL 60173

TITLE COO ☐ Delete  
 NAME MONTGOMERY, DAVID  
 STREET ADDRESS 850 ALGINQUIN RD STE 100  
 CITY-ST-ZIP SCHAUMBURG IL 60173

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

TITLE CFOD ☐ Delete  
 NAME PETTIT, SCOTT  
 STREET ADDRESS 850 E ALGINQUIN RD STE 100  
 CITY-ST-ZIP SCHAUMBURG IL 60173

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

TITLE CAO ☒ Delete  
 NAME RUSSELL, MARK W  
 STREET ADDRESS 850 E ALGINQUIN RD STE 100  
 CITY-ST-ZIP SCHAUMBURG IL 60173

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

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: *CG* SIGNATURE REQUIRED C.F.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02

(847)839-4216

CR2E034 (9/01)