

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90675 020 \*\*\*150.00

**DOCUMENT # F99000005469**

1. Entity Name

IAA SERVICES, INC.



Principal Place of Business

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

Mailing Address

C/O GASPARE 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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4294285**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



MOORE

CR2E034 (11/03)

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, 2004 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

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

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

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

TITLE CAO ☐ Delete  
NAME SIDNEY, KARLEY  
STREET ADDRESS 850 E ALGINQUIN RD STE 100  
CITY-ST-ZIP SCHAUMBURG IL 60173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *cf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/04*

Date

*(817)839-4216*

Daytime Phone #