## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name .

SIGNATURE:
SIGNATURE AND TYPED OR Gregor

## ALLIANT ENERGY INTEGRATED SERVICES-ENERGY SOLUTI



**FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90314 012 \*\*\*\*50.00

ONS LLC				-								
Principal Pla	ace of Business		Mailing Address				-					
4902 N. BILTMORE LANE MADISON WI 53718-2132			4902 N. BILTMORE LANE MADISON WI 53718-2132							- 0		
<b>z</b>		_					1188	 	PORTO DORAN DOTA O	ınını	<b>30</b> 111 <b>313</b> 1 (33)	
2. Principal Place of Business			3. Mailing Address									
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.					☐ CHECK HE	DE IE MANUN	0.0044405		
City & Sta	nte		City & State						TE IF MANIN	G CHANGE	S	
Only it State		City & State				4. FEI Nur	<sup>nber</sup> 77-0589	447	<del></del>	Applied For  Not Applicable	]-	
Zip Country  6. Name and Address of Current R			Zip	try		5 Certific	ate of Status Desired	<u> </u>		.00 Additional		
		s of Current Re	gistered Agent	Г-					Fee Requi		_	
			· ·		Name		/. Name a	nd Address of Nev	v Registered	Agent	<del></del>	$\dashv$
	CORPORATION SYSTEM SOUTH PINE ISLAND		Stroot Address			Address (E	PO Pov Num	nber is Not Accepta	hi-V			
	INTATION FL 33324	· NOAD		Olicoty	100:635 ()	.O. BOX Nuis		Die)			ļ	
						_						
					City				FL	Zip Co		
8. The above	e named entity submits this tions of registered agent.	statement for th	e purpose of changing its	registere	d office o	r registere	ed agent, or I	ooth, in the State of	Florida. I am	familiar with	, and accept	4
•	nons or registered agent.											
SIGNATURE	Signature, typed or printed name of	registered agent and (	title if applicable. (NOTE	: Registered	Agent signat	ture required v	when reinstating)		DATE	<del></del> .		
	<u> </u>		FILE NO				*		DAIL			$\dashv$
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9.		ING MEMBERS	/MANAGERS	10.				ADDITION	S/CHANGES			$\dashv$
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STREET ADDRESS	4902 N. BILTMORE L			NAME	T ADDRESS							15
CITY-ST-ZIP	MADISON WI 53718-2				ST-ZIP							18
TITLE	MGR		☐ De/ete	TITLE						☐ Change	Addition	CR2F083 (10/02)
name Street address	CASTINE, CHARLES	•		NAME								
CITY-ST-ZIP	200 FIRST ST SE CEDAR RAPIDS IA 52	404			T ADDRESS							}
ritle	OLDAN NAPIDO IA 52	401	□ Delete	CITY-S	51-ZIF	·			<del></del>	<u>-</u>		-
NAME			∟ Dele(e	TITLE NAME		Manag		: _		☐ Change	Addition	
STREET ADDRESS	•				ADDRESS	4902 N	y A. Gen   Biltmo	re Lane		•		
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1. I hereby ce	ertify that the information	ipplied with this	filing does not a valify to a			al in O 11	440 0=1=1					1
indicated of limited liab	ertify that the information on on this report is true and ad dility company or the regain	curate and that er or trustee emp	rily signature/shall have the powered to execute this rep	e exemple same le port as re	ution state egal effec equired by	eu in Secti t as if mac v Chapter	on 119.07(3) de under oatl 608. Florida	l(I), Florida Statutes. h; that I am a mana Statutes	I further certi ging member	fy that the ir or manage	iformation r of the	

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608-458-3251 Daytime Phone #