

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08611

1. Entity Name

LANDAUER ASSOCIATES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90041 012 ***150.00

Principal Place of Business

Mailing Address

13760 NOEL RD.
 STE. 930
 DALLAS TX 75240

13760 NOEL RD.
 STE. 930
 DALLAS TX 75240-7860

2. Principal Place of Business

4333 Edgewood Road N.E.
 Suite, Apt. #, etc.

3. Mailing Address

4333 Edgewood Road N.E.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cedar Rapids, IA

City & State

Cedar Rapids, IA

4. FEI Number

13-2665045

Applied For

Not Applicable

Zip
 52499-5555

Country
 USA

Zip

52499-5555

Country
 USA

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

UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET, SUITE 105
 TALLAHASSEE FL 32301

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

TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	JAMES C. KAFES	
STREET ADDRESS	666 FIFTH AVE., 25TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	KEN WILSON	
STREET ADDRESS	ONE STATE ST., 6TH FLOOR	
CITY-ST-ZIP	BOSTON MA	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, STEVEN J.	
STREET ADDRESS	13760 NOEL RD., STE 930	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	HUGH KELLY	
STREET ADDRESS	666 FIFTH AVE., 25TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	JOHN D. KELLEY	
STREET ADDRESS	13760 NOEL RD., STE 930	
CITY-ST-ZIP	DALLAS TX	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	KITTLESON, EDWARD J.	
STREET ADDRESS	13760 NOEL RD., STE 930	
CITY-ST-ZIP	DALLAS TX 75240	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David L. Blankenship	
STREET ADDRESS	4333 Edgewood Road N.E.	
CITY-ST-ZIP	Cedar Rapids, IA 52499 - 5555	
TITLE	Vice Pres/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan F. Fletcher	
STREET ADDRESS	4333 Edgewood Road N.E.	
CITY-ST-ZIP	Cedar Rapids, IA 52499 - 5555	
TITLE	VP/SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maureen DeWald	
STREET ADDRESS	4333 Edgewood Road N.E.	
CITY-ST-ZIP	Cedar Rapids, IA 52499 - 5555	
TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas G. Martin	
STREET ADDRESS	4333 Edgewood Road N.E.	
CITY-ST-ZIP	Cedar Rapids, IA 52499 - 5555	
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: Maureen DeWald, Vice President

04/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)