# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 07, 2008 8:00 am**
**Secretary of State**
02-07-2008 90031 037 ***150.00

DOCUMENT # P17098

1. Entity Name

COZAD ASSET MANAGEMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2501 GALEN DRIVE<br>P O BOX 3669<br>CHAMPAIGN IL 61826-3669<br>US | 2501 GALEN DRIVE<br>P O BOX 3669<br>CHAMPAIGN IL 61826-3669<br>US |

1st MOORE CR2E034 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 37-0958133 ☐ 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 |
|---|---|
| NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE, SUITE 4<br>WESTON FL 33331 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when name changed)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COZAD, GREGORY D.<br>2912 ROBESON PARK DR.<br>CHAMPAIGN IL 61822 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KIDDOO, RONALD L.<br>3407 S. PERISMMON CIR.<br>URBANA IL 61802 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTS<br>MEACHAM, STUART T<br>2501 GALEN DR<br>CHAMPAIGN IL 61821 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br><br>1612 ENGLISH OAK DR<br>CHAMPAIGN, IL 61822 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCGRATH, MARY F<br>1776 MAYNARD DR<br>CHAMPAIGN IL 61822 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br><br>4106 FARHILL DR<br>CHMPAIGN, IL 61822. |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Stuart T Meacham V.P. 1/25/08 (217) 356-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #