

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90008 045 \*\*\*550.00

0137980 AB

**DOCUMENT # P29763**

1. Entity Name  
**SCHAFFER SYSTEMS INC.**

Principal Place of Business  
**1000 FLAG RD**  
**ADAIR IA 50002**

Mailing Address  
**1000 FLAG RD**  
**ADAIR IA 50002**  
**US**



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 **42-1303831**

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.**  
**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ASPENGREN, VICTOR</b>	
STREET ADDRESS	<b>1052-340TH ST</b>	
CITY-ST-ZIP	<b>ADAIR IA 50002</b>	
TITLE	<b>VPO</b>	<input type="checkbox"/> Delete
NAME	<b>LITTLER, PHIL</b>	
STREET ADDRESS	<b>605 ADAIR STREET</b>	
CITY-ST-ZIP	<b>ADAIR IA 50002</b>	
TITLE	<b>VFST</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, DIANE</b>	
STREET ADDRESS	<b>2815 FRONTIER RD</b>	
CITY-ST-ZIP	<b>ADAIR IA 50002</b>	
TITLE	<b>VEPD</b>	<input type="checkbox"/> Delete
NAME	<b>GRUHN, RYAN</b>	
STREET ADDRESS	<b>906 SPRUCE ST</b>	
CITY-ST-ZIP	<b>ATLANTIC IA 50022</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, PATTI</b>	
STREET ADDRESS	<b>608-8TH ST</b>	
CITY-ST-ZIP	<b>ADAIR IA 50002</b>	
TITLE	<b>VMNP</b>	<input type="checkbox"/> Delete
NAME	<b>IRLMEIER, MIKE</b>	
STREET ADDRESS	<b>RR 1, BOX 74</b>	
CITY-ST-ZIP	<b>ADAIR IA 50002</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

641 742 3266  
 Daytime Phone #

CR2E034 (5/01)