## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P95000083242

Entity Name: IWPB, INC.

FILED Apr 19, 2002 8:00 AM Secretary of State

| Current Principal Place of Business:  |   |  | New Principal Place of Business:            |                      |                                      |         |
|---------------------------------------|---|--|---|----------------------|--------------------------------------|---------|
|                                       | -   | e or Business.                         | 146W F 1111                                 | cipai i lace c       | or Dusiliess.                        |         |
| MC 10-98                              | STER ROAD   |  |   |                      |                                      |         |
|                                       | TON HILLS, M  | II 48334 US                            |   |                      |                                      |         |
| Current M                             | lailing Addre                                       | ss:                                    | New Mail                                    | New Mailing Address: |                                      |         |
| P.O. BOX 2475<br>TAX DEPARTMENT 10-98 |   |  | 135 S. LASALLE STREET<br>SUITE 860          |                      |                                      |         |
|                                       |   |  |   |                      |                                      | FARMING |
| FEI Number:                           | : 65-0615809  | FEI Number Applied For ( )             | FEI Number Not App                          | plicable ( )         | Certificate of Status Desired ( )    |         |
| Name and                              | Address of (  | Current Registered Agent:              | Name and                                    | d Address of         | New Registered Agent:                |         |
| C/O STEA<br>150 WEST                  | PATRICIA G E<br>RNS, WEAVE<br>FLAGLER S<br>33130 US | R, ET AL                               |   |                      |                                      |         |
|                                       | named entity<br>of Florida.                         | submits this statement for the         | purpose of changing                         | its registered       | office or registered agent, or both, |         |
| SIGNATU                               | RE:   |  |   |                      |                                      |         |
|                                       | Electro   | nic Signature of Registered Ag         | jent  |                      | Date                                 |         |
|                                       |   | o satisfy its Intangible Tax filing re | quirement and elects to                     | do so (X).           |                                      |         |
|                                       | S AND DIREC   | g Trust Fund Contribution ( ).         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |                      |                                      |         |
| OI I IOLIK                            | S AND BINEC   | TORO.                                  |   | NO,ONANOE            | S TO OTT ICENS AND DIRECTOR          |         |
| Title:                                | *   | ) Delete                               | Title:                                      | (                    | ( ) Change ( ) Addition              |         |
| Name:                                 | BROWN, ROB  |  | Name:                                       |                      |                                      |         |
| Address:                              |   | R ROAD (10-98)                         | Address:                                    |                      |                                      |         |
| City-St-Zip:                          | FARMINGTON  | HILLS, MI 48334                        | City-St-Zip:                                |                      |                                      |         |
| Title:                                | DT (  | ) Delete                               | Title:                                      | (                    | ( ) Change ( ) Addition              |         |
| Name:                                 | RUTLAND, TIM  | •                                      | Name:                                       | ,                    | ( ) Shange ( ) / taaliien            |         |
| Address:                              | 27777 INKSTE  |  | Address:                                    |                      |                                      |         |
| City-St-Zip:                          |   | HILLS, MI 48334                        | City-St-Zip:                                |                      |                                      |         |
| ,                                     |   |  |   |                      |                                      |         |
| Title:                                | DVP (   | ) Delete                               | Title:                                      | (                    | ( ) Change ( ) Addition              |         |
| Name:                                 | BYRNE, WILL   |  | Name:                                       |                      | •                                    |         |
| Address:                              | 27777 INKSTE  | R RD. (10-98)                          | Address:                                    |                      |                                      |         |
| City-St-Zip:                          |   | HILLS, MI 48334                        | City-St-Zip:                                |                      |                                      |         |
| Title:                                | (   | ) Delete                               | Title:                                      | VP (                 | ( ) Change (X) Addition              |         |
| Name:                                 | `   | •                                      | Name:                                       | EISENBERG            |                                      |         |
| Address:                              |   |  | Address:                                    |                      | LLE STREET STE 860                   |         |
| City-St-Zin:                          |   |  | City-St-Zin:                                | CHICAGO II           | 60603                                |         |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN L. EISENBERG VP 04/19/2002