

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90021 049 ***150.00

DOCUMENT # F98000005013

1. Entity Name
VALUEPART, INCORPORATED

Principal Place of Business Mailing Address
850 MILWAUKEE AVE **C/O DEERE & CO TAX DEPT**
SUITE 207 **ONE JOHN DEERE PLACE**
VERNON HILLS IL 60061 **MOLINE IL 61265-8010**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4203880** 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, BOB B		NAME	DAVID P. WERNING	
STREET ADDRESS	1515 5TH AVE.		STREET ADDRESS	1515 - 5TH AVE	
CITY-ST-ZIP	MOLINE IL 61265		CITY-ST-ZIP	MOLINE IL 61265	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFEB, DARLENE		NAME		
STREET ADDRESS	850 MILWAUKEE AVE		STREET ADDRESS		
CITY-ST-ZIP	VERNON HILLS IL 60061		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VADJA, NIKOLA		NAME		
STREET ADDRESS	1340 W. ARDMORE AVE.		STREET ADDRESS		
CITY-ST-ZIP	ITASCA IL 60143		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACKARD, ALAN		NAME		
STREET ADDRESS	ONE JOHN DEERE PLACE		STREET ADDRESS		
CITY-ST-ZIP	MOLINE IL 61265		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	ASST SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	THOMAS K. JARRETT	
STREET ADDRESS			STREET ADDRESS	ONE JOHN DEERE PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	MOLINE IL 61265	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ DATE: **4/6/00** ASST. SECY.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

79800005013
00068645

January 2000

VALUEPART, INCORPORATED
CORPORATE OFFICERS

<u>Chairman and President</u>	<u>SSN</u>	<u>Business Address</u>
David P. Werning	483-58-2335	1515-5 th Avenue, Moline, IL 61265
<u>Vice President</u>		
Nikola Vajda	N/A	
<u>Treasurer</u>		
Alan Packard	481-74-8190	One John Deere Place, Moline, IL 61265
<u>Secretary</u>		
Darlene Steffen	041-52-2524	850 Milwaukee Ave., Vernon Hills, IL 60061
<u>Assistant Secretary</u>		
Thomas K. Jarrett	329-40-9221	One John Deere Place, Moline, IL 61265