

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90021 049 ***150.00

UBR020303 A1

DOCUMENT # F99000005469

1. Entity Name
IAA SERVICES, INC.

Principal Place of Business Mailing Address
~~C/O GASPARE RUGGIRELLO Tax Department~~ C/O GASPARE RUGGIRELLO Tax Department
850 EAST ALGONQUIN ROAD, SUITE 100 **850 EAST ALGONQUIN ROAD, SUITE 100**
SCHAUMBURG IL 60173 **SCHAUMBURG IL 60173**

915752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **36-4294285** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, THOMAS C 850 E ALGINQUIN RD STE 100 SCHAUMBURG IL 60173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MONTGOMERY, DAVID 850 ALGINQUIN RD STE 100 SCHAUMBURG IL 60173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD PETTIT, SCOTT 850 E ALGINQUIN RD STE 100 SCHAUMBURG IL 60173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO RUSSELL, MARK W 850 E ALGINQUIN RD STE 100 SCHAUMBURG IL 60173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Counsel & Secretary Sidney Kerley 850 E. Algonquin Rd, Suite 100 Schaumburg, IL 60173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CG SIGNATURE REQUIRED C.F.O.** *[Signature]* Date: **1/10/02** Daytime Phone #: **(847) 839-4216**

CR2E034 (9/01)