

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90126 007 \*\*\*158.75

DOCUMENT # **P93000039109**



1. Entity Name  
**IVY MACKENZIE SERVICES CORP.**

Principal Place of Business  
**925 S. FEDERAL HWY  
STE 600  
BOCA RATON FL 33432**

Mailing Address  
**925 S. FEDERAL HWY  
STE 600  
BOCA RATON FL 33432**

**33000311**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0417838**

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

**YANOWITCH, BEVERLY J  
925 S. FEDERAL HWY  
STE 600  
BOCA RATON FL 33432**

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. 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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 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 1)

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARLSON, KEITH</b>	
STREET ADDRESS	<b>925 S. FEDERAL HWY, STE 600</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>YANOWITCH, BEVERLY J</b>	
STREET ADDRESS	<b>925 S. FEDERAL HWY. STE 600</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOLFE, PAULA K</b>	
STREET ADDRESS	<b>925 S. FEDERAL HWY., STE. 600</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas W. Butch</b>	
STREET ADDRESS	<b>6300 Lamar Avenue</b>	
CITY-ST-ZIP	<b>Overland Park, KS 66202</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Henry J. Herrmann</b>	
STREET ADDRESS	<b>6300 Lamar Avenue</b>	
CITY-ST-ZIP	<b>Overland Park, KS 66202</b>	
TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael D. Strohm</b>	
STREET ADDRESS	<b>6300 Lamar Avenue</b>	
CITY-ST-ZIP	<b>Overland Park, KS 66202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John E. Sundeem, Jr.</b>	
STREET ADDRESS	<b>6300 Lamar Avenue</b>	
CITY-ST-ZIP	<b>Overland Park, KS 66202</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wendy J. Hills</b>	
STREET ADDRESS	<b>6300 Lamar Avenue</b>	
CITY-ST-ZIP	<b>Overland Park, KS 66202</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

*Attachmont*  
IVY SERVICES CORP.

OFFICERS

#P93000039109

Michael D. Strohm  
President and Chief Executive Officer  
6300 Lamar Avenue  
Overland Park, KS 66202

John E. Sundeen, Jr.  
Senior Vice President  
6300 Lamar Avenue  
Overland Park, KS 66202

Daniel C. Schulte  
Senior Vice President, General Counsel and Asst. Secretary  
6300 Lamar Avenue  
Overland Park, KS 66202

Wendy J. Hills  
Secretary  
6300 Lamar Avenue  
Overland Park, KS 66202

Robert Perry  
Senior Vice President  
925 South Federal Highway, Suite 600  
Boca Raton, FL 33432

Beverly J. Yanowitch  
Senior Vice President and Treasurer  
925 South Federal Highway, Suite 600  
Boca Raton, FL 33432

Kathleen Eckert  
Vice President  
925 South Federal Highway, Suite 600  
Boca Raton, FL 33432

Henry J. Herrmann  
Chairman  
6300 Lamar Avenue  
Overland Park, KS 66202

*Attachment*  
IVY SERVICES CORP.

**DIRECTORS**

# P93000039109

Thomas W. Butch  
Director  
6300 Lamar Avenue  
Overland Park, KS 66202

Henry J. Herrmann  
Director  
6300 Lamar Avenue  
Overland Park, KS 66202

Michael D. Strohm  
Director  
6300 Lamar Avenue  
Overland Park, KS 66202

John E. Sundeen, Jr.  
Director  
6300 Lamar Avenue  
Overland Park, KS 66202