FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -7 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727731 (2)

1. Corporation Name

AMERICAN LEPTOSPIROSIS RESEARCH CONFERENCE, INC.

Principal Place of Business	Mailing Address
~~NADC-ARS-US DEPT AG~~ ~~PO BOX 70 NA~~ AMES IA 50010 ~~US~~	~~C/O DR R L ZUERNER~~ ~~PO BOX 70 NA~~ AMES IA 50010 ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1973	3a. Date of Last Report: 04/27/1994
4. FEI Number: 25-7541543	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation was formerly an insurance company under Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 National Veterinary Labs	26 Kevin W Ruby
Suite, Apt. #, etc. 22 P O Box	Suite, Apt. #, etc. 27 126 N Vine
City & State 23 Hines IA	City & State 28 Roland IA
Zip / County 24 50010 / 25 USA	Zip / County 29 50236 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUBIN, HAVEY L. (DR) 2370 LYNDELL DR. BOX 1838 KISSIMMEE FL 32741	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City / FL / 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] (Registered Agent) [illegible] (New Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	STD	☒ Change ☐ Addition
NAME	RUBY, KEVIN	12 NAME	Ruby, Kevin WA	
STREET ADDRESS	NVSL, 13TH AND DAYTON RD	13 STREET ADDRESS	P.O. Box 148	
CITY, ST, ZIP	AMES IA	14 CITY, ST, ZIP	Roland IA 50236	
TITLE	P	21 TITLE	P	☐ Change ☐ Addition
NAME	BOLIN, CAROLE A.	22 NAME	Bolin, Carole A.	
STREET ADDRESS	NADC P. O. BOX 70 N/A	23 STREET ADDRESS	NADC PO Box 70 NA	
CITY, ST, ZIP	AMES LA	24 CITY, ST, ZIP	Ames, IA	
TITLE	~~VD~~	31 TITLE	PD	☒ Change ☐ Addition
NAME	NEILSEN, JUDITH N	32 NAME	Neilsen, Judith N	
STREET ADDRESS	PURDUE UNIVERSITY	33 STREET ADDRESS	Purdue University	
CITY, ST, ZIP	W LAFAYETTE IN	34 CITY, ST, ZIP	W. Lafayette, IN	
TITLE	P	41 TITLE	P	☐ Change ☐ Addition
NAME	FRANTZ, JOSEPH	42 NAME	Frantz, Joseph	
STREET ADDRESS	3027 BROWNING	43 STREET ADDRESS	3027 Browning	
CITY, ST, ZIP	LINCOLIN NE	44 CITY, ST, ZIP	Lincoln, NE	
TITLE	P	51 TITLE	P	☐ Change ☐ Addition
NAME	YELTON, DAVID	52 NAME	Yelton, David	
STREET ADDRESS	35 BATES RD	53 STREET ADDRESS	35 Bates Rd	
CITY, ST, ZIP	MORGANTOWN WV	54 CITY, ST, ZIP	Morgantown, WV	
TITLE	~~STD~~	61 TITLE	VD	☐ Change ☒ Addition
NAME	~~ZUERNER, RICHARD~~	62 NAME	Gale, Pam	
STREET ADDRESS	~~NADC PO BOX 70 NA~~	63 STREET ADDRESS	NADL, P.O. Box 810	
CITY, ST, ZIP	~~AMES IA~~	64 CITY, ST, ZIP	Lethbridge, Alberta CANADA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] Kevin W. Ruby 17 MAY 95 515-232-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0074449