

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**\* PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 832522**

**(7)**

1. Corporation Name  
**D F M CORP.**



Principal Place of Business

1800 N 9TH ST  
 INDIANOLA IA 50125  
 US

Mailing Address

1800 N 9TH ST  
 INDIANOLA IA 50125  
 US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/14/1974</b>  | 3a. Date of Last Report<br><b>02/07/1995</b> |
| 4. FEI Number<br><b>42-1014610</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

11. Pursuant to the provisions of Sections 607.0102 and 607.0105, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0105, Florida Statutes.

SIGNATURE

Signature of the Corporation or the Registered Agent (Print Name)

Signature of the Registered Agent (Print Name)

DATE

12. OFFICERS AND DIRECTORS

|                   |                        |  |
|-------------------|------------------------|--|
| 11 NAME           | PD PACER, GREG         | <input checked="" type="checkbox"/> DELETE |
| 12 STREET ADDRESS | DFM 1800 N 9TH ST      |  |
| 13 CITY & STATE   | INDIANOLA IA           |  |
| 14 ZIP            | CD                     | <input type="checkbox"/> DELETE            |
| 15 NAME           | MEYER, CHARLES         |  |
| 16 STREET ADDRESS | 3 1ST NAT'L PLAZA      |  |
| 17 CITY & STATE   | CHICAGO IL             |  |
| 18 ZIP            | V                      | <input checked="" type="checkbox"/> DELETE |
| 19 NAME           | SELLMAN, WILLIAM       |  |
| 20 STREET ADDRESS | DFM, 1800 N 9TH ST     |  |
| 21 CITY & STATE   | INDIANOLA IA           |  |
| 22 ZIP            | VS                     | <input type="checkbox"/> DELETE            |
| 23 NAME           | SWARTHOUT, LOWELL      |  |
| 24 STREET ADDRESS | DFM, 1800 N 9TH ST     |  |
| 25 CITY & STATE   | INDIANOLA IA           |  |
| 26 ZIP            | V                      | <input type="checkbox"/> DELETE            |
| 27 NAME           | DANIELS, JOHN          |  |
| 28 STREET ADDRESS | DFM, 1800 N 9TH ST     |  |
| 29 CITY & STATE   | INDIANOLA IA           |  |
| 30 ZIP            | AS                     | <input type="checkbox"/> DELETE            |
| 31 NAME           | CRUGER, JAMES          |  |
| 32 STREET ADDRESS | 105 WALKER DRIVE #4000 |  |
| 33 CITY & STATE   | CHICAGO IL             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                        |  |
|-------------------|------------------------|--|
| 11 NAME           | PD RUSSELL E. STUBBINS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | 1800 N. 9TH ST.        |  |
| 13 STREET ADDRESS | INDIANOLA, IA 50125    |  |
| 14 CITY & STATE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 15 ZIP            |                        |  |
| 16 NAME           |                        |  |
| 17 STREET ADDRESS |                        |  |
| 18 CITY & STATE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 19 ZIP            |                        |  |
| 20 NAME           |                        |  |
| 21 STREET ADDRESS |                        |  |
| 22 CITY & STATE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 23 ZIP            |                        |  |
| 24 NAME           |                        |  |
| 25 STREET ADDRESS |                        |  |
| 26 CITY & STATE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 27 ZIP            |                        |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntary, for the State and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE *Lowell A. Swarthout* 1-17-96 515 961-6100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)