

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 APR -4 AM 11:08

DOCUMENT # **F92000001035 (6)**

1. Corporation Name

LINKUSA CORPORATION

Principal Place of Business

230 SECOND STREET, S.E., SUITE 400
CEDAR RAPIDS IA 52401

Mailing Address

230 SECOND STREET, S.E., SUITE 400
CEDAR RAPIDS IA 52401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/12/1993	3a. Date of Last Report 07/01/1994
4. FEI Number 42-1362557	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when consisting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOGAN, STEVEN J
STREET ADDRESS	230 SECOND STREET, S.E., SUITE 400
CITY - ST - ZIP	CEDAR RAPIDS IA
TITLE	VSD
NAME	FELTZ, KRISTI T
STREET ADDRESS	230 SECOND STREET, S.E., SUITE 400
CITY - ST - ZIP	CEDAR RAPIDS IA 52401
TITLE	VTD
NAME	SCHMITT, DONAL C
STREET ADDRESS	230 SECOND STREET, S.E., SUITE 400
CITY - ST - ZIP	CEDAR RAPIDS IA 52401
TITLE	PCD
NAME	DETAMPEL, DONALD F
STREET ADDRESS	230 SECOND ST., S.E., STE. 400
CITY - ST - ZIP	CEDAR RAPIDS IO
TITLE	D
NAME	GANNON, THOMAS
STREET ADDRESS	3081 S. RIDGE ROAD
CITY - ST - ZIP	GREEN BAY WI 54308
TITLE	D
NAME	MULLINS, MARK G
STREET ADDRESS	3081 S. RIDGE ROAD
CITY - ST - ZIP	GREEN BAY WI 54308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY - ST - ZIP	ZIP 52401
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	D (remove Schmitt)
33	STREET ADDRESS	Conway, Robert
34	CITY - ST - ZIP	2061 S Ridge Road Green Bay, WI 54306
41	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY - ST - ZIP	state w/zip IA 52401
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY - ST - ZIP	

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 110.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Kristi Feltz

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-31-95

(319) 363-7570

DATE (Typed Name)