

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F92000001035 (6)
 1. Corporation Name
LINKUSA CORPORATION



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|--|--|
| Principal Place of Business 230 SECOND STREET, S.E., SUITE 400 CEDAR RAPIDS IA 52401 | Mailing Address 180 S. CLINTON AVE. ROCHESTER NY 14646-0001 US |
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|---|--|
| 3. Date Incorporated or Qualified 01/12/1993 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 42-1362557 | 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 | |

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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 **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 title if applicable) (NOTE: Registered agent's signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. |
|----------------------------|---|-------------------|
| TITLE | P <input checked="" type="checkbox"/> DELETE | 11 TITLE |
| NAME | BREITICH, FRANK | 12 NAME |
| STREET ADDRESS | 230 SECOND STREET SE, SUITE 400 | 13 STREET ADDRESS |
| CITY-ST-ZIP | CEDAR RAPIDS IA | 14 CITY-ST-ZIP |
| TITLE | S <input type="checkbox"/> DELETE | 21 TITLE |
| NAME | TRUBEK, JOSEPHINE S. | 22 NAME |
| STREET ADDRESS | 20 SCHOOLHOUSE LANE | 23 STREET ADDRESS |
| CITY-ST-ZIP | ROCHESTER NY | 24 CITY-ST-ZIP |
| TITLE | T <input type="checkbox"/> DELETE | 31 TITLE |
| NAME | ENNS, JOSEPH | 32 NAME |
| STREET ADDRESS | 5 ROXBURY LANE | 33 STREET ADDRESS |
| CITY-ST-ZIP | PITTSBURG NY | 34 CITY-ST-ZIP |
| TITLE | S <input type="checkbox"/> DELETE | 41 TITLE |
| NAME | LAVERDI, BARBARA | 42 NAME |
| STREET ADDRESS | 355 YARMOUTH ROAD | 43 STREET ADDRESS |
| CITY-ST-ZIP | ROCHESTER NY | 44 CITY-ST-ZIP |
| TITLE | D <input type="checkbox"/> DELETE | 51 TITLE |
| NAME | BITTNER, RONALD L. | 52 NAME |
| STREET ADDRESS | 7 HIDDEN BRIDGE | 53 STREET ADDRESS |
| CITY-ST-ZIP | PITTSFORD NY | 54 CITY-ST-ZIP |
| TITLE | D <input type="checkbox"/> DELETE | 61 TITLE |
| NAME | MASSARO, LOUIS L. | 62 NAME |
| STREET ADDRESS | 19 MILE POST LANE | 63 STREET ADDRESS |
| CITY-ST-ZIP | PITTSFORD NY | 64 CITY-ST-ZIP |

| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | AT - Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | Richard N. Kappler |
| 13 STREET ADDRESS | 180 S. Clinton Ave. |
| 14 CITY-ST-ZIP | Rochester, NY 14646 |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | AS - Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 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 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 correct 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 file 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: *[Handwritten signatures]* 5/1/97 716-777-8000

CR2E034 (9/96)