

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F94000004429 (6)**  
 1. Corporation Name  
**EQUITY FC, LTD. CORPORATION**



Principal Place of Business: **711 HIGH ST. DES MOINES IA 50392**  
 Mailing Address: **711 HIGH ST. DES MOINES IA 50392-0001**

3. Date Incorporated or Qualified: **08/25/1994**  
 3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business (21-23) and Mailing Address (26-28) fields with sub-fields for Suite, City, State, Zip, and Country.

4. FEI Number: **42-1425518**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)  
 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 607.0502 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HOFFMAN, JOYCE N	
STREET ADDRESS	5834 PLEASANT DRIVE	
CITY-ST-ZIP	DES MOINES IA 50312	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FRANCIS, DENNIS P	
STREET ADDRESS	3709 BROOKVIEW DR.	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HAUSER, GREGORY C	
STREET ADDRESS	7059 OAK BROOK DR.	
CITY-ST-ZIP	URBANDALE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, RONALD E	
STREET ADDRESS	8508 WINSTON AVE.	
CITY-ST-ZIP	DES MOINES IA 50322	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPARRGROVE, DEWAIN A	
STREET ADDRESS	4728 E. OAKWOOD DR.	
CITY-ST-ZIP	PLEASANT HILL LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARBER, GREGG R	
STREET ADDRESS	309 JORDAN DR.	
CITY-ST-ZIP	WEST DES MOINES IA 50265	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	711 High Street	
1.4 CITY-ST-ZIP	Des Moines, IA 50392	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	711 High Street	
2.4 CITY-ST-ZIP	Des Moines, IA 50392	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	711 High Street	
3.4 CITY-ST-ZIP	Des Moines, IA 50392	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	711 High Street	
4.4 CITY-ST-ZIP	Des Moines, IA 50392	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	711 High Street	
5.4 CITY-ST-ZIP	Des Moines, IA 50392	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	711 High Street	
6.4 CITY-ST-ZIP	Des Moines, IA 50392 (See Attachment A)	

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 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: \_\_\_\_\_ 4/22/97 515/247-5111

CR2E034 (9/96)

**Attachment A  
Equity FC, Ltd.  
Directors and Officers**

*19-Mar-97*

**Director**

**Name, Title, and Date Elected**

<b>Ronald Eugene Keller</b> Chairman	1/24/97
<b>David Paul Ellingson</b>	1/24/97
<b>Dennis Paul Francis</b>	1/24/97
<b>Gregory Charles Hauser</b>	1/24/97
<b>Gregg Ross Narber</b>	1/24/97
<b>Karen E. Shaff</b>	1/24/97
<b>Dewain Anthony Sparrgrove</b>	1/24/97
<b>Richard William Waugh</b>	1/24/97

**Officer**

**Name, Title, and Date Elected**

<b>Dewain Anthony Sparrgrove</b> President	1/24/97
<b>Thomas James Bell</b> Vice President	1/24/97
<b>Jon Mark Davidson</b> Vice President	1/24/97
<b>Ralph Craig Eucher</b> Vice President	1/24/97
<b>Todd Eugene Everett</b> Vice President	1/24/97
<b>Dennis Paul Francis</b> Vice President	1/24/97