

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90058 050 ***150.00

DOCUMENT # F94000004429

1. Entity Name

EQUITY FC, LTD. CORPORATION

Principal Place of Business

Mailing Address

711 HIGH ST.
 C/O DEBORAH KERNS. LAW
 DES MOINES IA 50392

711 HIGH ST.
 C/O DEBORAH KERNS. LAW
 DES MOINES IA 50392-0001

2. Principal Place of Business

711 High Street

3. Mailing Address

711 High Street

Suite, Apt. #, etc.

40 Carol Levine, Law

Suite, Apt. #, etc.

40 Carol Levine, Law

City & State

Des Moines, IA

City & State

Des Moines, IA

4. FEI Number

42-1425518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country
50392-0300 U.S.

Zip Country
50392-0300 U.S.



DO NOT WRITE IN THIS SPACE

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPS** Delete
 NAME **HOFFMAN, JOYCE N**
 STREET ADDRESS **711 HIGH ST.**
 CITY-ST-ZIP **DES MOINES IA**

TITLE **See Attachment A** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **FRANCIS, DENNIS P**
 STREET ADDRESS **711 HIGH ST.**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **HAUSER, GREGORY C**
 STREET ADDRESS **711 HIGH ST**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** Delete
 NAME **BRICKER, MARY L**
 STREET ADDRESS **711 HIGH ST**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **SPARRGROVE, DEWAIN A**
 STREET ADDRESS **711 HIGH ST**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NARBER, GREGG R**
 STREET ADDRESS **711 HIGH ST**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce N. Hoffman* **Joyce N. Hoffman** 1-19-2000 (515) 247-5111
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
Vice President and Corporate Secretary