

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Whitson
Secretary of State

APPROVED
AND
FILED

9 MAY 10 AM 10:35

DOCUMENT # **F94000005805 (6)**

SCHMITT-SUSSMAN ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

155 BROAD STREET
MILFORD CT 06460

EXHIBIT WITHIN THIS SPACE

2. Filing period (beginning and ending dates)		2a. Mailing Address		3. Date of Creation or Quasiest		3a. Date of Last Report	
21. State of Incorporation		26. State of Mailing		4. ID Number		Adjust Fee	
22. City and State		27. City and State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. Filing Period (beginning and ending dates)		28. City and State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Filing Period (beginning and ending dates)		29. City and State		30. Filing Period (beginning and ending dates)		8. The corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. The agent, the provisions of Sections 607.01(1) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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 aware with respect to the appointment of Section 607.01(1), Florida Statutes.

Signature of Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PVD SUSSMAN, STANLEY H 155 BROAD STREET MILFORD CT	NAME	PD SUSSMAN, STANLEY H. 155 BROAD ST MILFORD, CT 06460
NAME	V COFFIN, VALERIE 155 BROAD STREET MILFORD CT	NAME	
NAME	STD SCHMITT, JOHN C 155 BROAD STREET MILFORD CT	NAME	CSTD JOHN C SCHMITT II 155 BROAD ST MILFORD, CT 06460
NAME	V KNUFF, JULIE 155 BROAD STREET MILFORD CT	NAME	V FRANK TABBO 155 BROAD ST MILFORD, CT 06460
NAME	V SHERMAN, JAN 155 BROAD STREET MILFORD CT	NAME	V JOHN C. SCHMITT III 155 BROAD ST MILFORD, CT 06460
NAME	V SESSEL, MARK 155 BROAD STREET MILFORD CT	NAME	

14. I hereby certify that the information supplied with this filing is true and correct, and that I am qualified to be the registered agent for the corporation as provided in law under 199.032, Florida Statutes. I further certify that the information included in the annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. I am aware of the duties of the corporation or the officer or trustee appointed to receive the report as required by Chapter 199, Florida Statutes, and that my name appears in the list of those entitled to report on an appointment with an address.

SIGNATURE: *Stanley H. Sussman* Stanley H. Sussman 5-01-95 203-877-9804

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Seal of the State
Secretary of State
Tallahassee, Florida 32304

DOCUMENT # F94000006299 (1)

IOWA WAREHOUSING, INC.

REMOVED

Principal Place of Business	Main Address
6000 WESTOWN PARKWAY SUITE 200W WEST DES MOINES IA 50266-7711	6000 WESTOWN PARKWAY SUITE 200W WEST DES MOINES IA 50266-7711

2. Filing Year (Date of Business)	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date incorporated or Qualified	3a. Date of Last Report
12/09/1994	N/A
4. FEI Number	Applied For / Not Applicable
42-1430692	
5. Certificate of Status (Domestic)	\$8.75 Additional Fee Required
6. Election Campaign Financing (Trust Funds Contributions)	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 194(2)(C), Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 State
B6 Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.1506, 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 have read and accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0205, Florida Statutes.

SIGNATURE: _____ OFFICER OR DIRECTOR OF CORPORATION _____ REGISTERED AGENT OR REGISTERED AGENT'S EMPLOYEE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD KNAPP, WILLIAM C II 5221 N.W. 70TH PL. JOHNSTON IA 50131	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE		4. STATE	
ZIP		5. ZIP	
NAME	V LANGPAUL, ROGER W 14162 LAKE POINTE DR. CLIVE IA 50325	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE		4. STATE	
ZIP		5. ZIP	
NAME	S DAVIDSON, DIANE M 913 48TH ST WEST DES MOINES IA 50265	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE		4. STATE	
ZIP		5. ZIP	
NAME	T HARRIS, GENE 225 S. 27TH ST. WEST DES MOINES IA 50265	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE		4. STATE	
ZIP		5. ZIP	
NAME	D FRAIZER, MICHAEL G 10577 ELMCREST DR. DES MOINES IA 50325	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE		4. STATE	
ZIP		5. ZIP	
NAME		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE		4. STATE	
ZIP		5. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the information is not false or misleading in any material respect. I am a director or officer of the corporation and I have read and accept the appointment as registered agent. I am familiar with and accept the obligations of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: *Michael G. Fraizer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael G. Fraizer

MAY 05 1995

(515) 283-2371