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Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P32327** **(9)**

1. Corporation Name
EFCO CORP.

Principal Place of Business	Mailing Address
1800 N E. BROADWAY STREET DES MOINES IA 50316-0386	1800 N E. BROADWAY STREET DES MOINES IA 50316-0386

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1990

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

4. FEI Number: 42-1360262 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, A. L.		1.2 NAME		
STREET ADDRESS	1800 NE BROADWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		1.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME	WILGES, KEITH		2.2 NAME	Postma, G	
STREET ADDRESS	1800 NE BROADWAY		2.3 STREET ADDRESS	1800 NE Broadway	
CITY-ST-ZIP	DES MOINES IA		2.4 CITY-ST-ZIP	Des Moine IA 50316	
TITLE	EVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, B. L		3.2 NAME		
STREET ADDRESS	1800 NE BROADWAY AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JORN, L P		4.2 NAME		
STREET ADDRESS	1800 NE BROADWAY AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TIMMINS, M. J		5.2 NAME		
STREET ADDRESS	1800 NE BROADWAY AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLAN, N. F		6.2 NAME		
STREET ADDRESS	1800 NE BROADWAY AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: SIGNATURE REQUIRED BARRY NEAL 1/23/98 515-266-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number