

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 7:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36410** (9)

1. Corporation Name

LCRC FOUNDATION, INC.

Principal Place of Business

Mailing Address

200 E. GRAND AVE.
STE 390
DES MOINES IA 50309
US

200 E. GRAND AVE.
STE. 390
DES MOINES IA 50309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1991	3a. Date of Last Report 03/23/1994
4. FEI Number 42-1370848	Applied For Not Applicable

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

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KADUCE, JOHN J.
STREET ADDRESS	200 E. GRAND, STE. 390
CITY - ST - ZIP	DES MOINES IA
TITLE	PD
NAME	CARVER, GARLAND K.
STREET ADDRESS	7834 HICKMAN RD.
CITY - ST - ZIP	DES MOINES IA
TITLE	S
NAME	DICKINSON, L. CALL, JR.
STREET ADDRESS	699 WALNUT, 1600 HUB TWR
CITY - ST - ZIP	DES MOINES IA
TITLE	TD
NAME	HAEUSSLER, THOMAS A.
STREET ADDRESS	2505 SHERWIN RD.
CITY - ST - ZIP	UPPER ARLINGTON OH
TITLE	PD
NAME	FOREMAN, MERLIN J.
STREET ADDRESS	6019 WEYBRIDGE
CITY - ST - ZIP	JOHNSTON IA
TITLE	D
NAME	PIERSON, ERNEST C.
STREET ADDRESS	5100 GAMBLE DR.
CITY - ST - ZIP	MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

John J. Kaduce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1995
Date

Daytime Phone #

936410

12. **Additional Officers and Directors**

- 7.1 **D**
- 7.2 **Bourne, Donald W.**
- 7.3 **5142 Pine Top Place**
- 7.4 **Orlando, FL 32819**

- 8.1 **C/D**
- 8.2 **Stauffer, William A.**
- 8.3 **4916 Harwood Drive**
- 8.4 **Des Moines, IA 50312**

- 9.1 **D**
- 9.2 **Zefron, Mianne E.**
- 9.3 **4621 Boulevard Place**
- 9.4 **Des Moines, IA 50311**