

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36410** (9)

1. Corporation Name  
**LCRC FOUNDATION, INC.**



Principal Place of Business: **200 E. GRAND AVE. STE 390 DES MOINES IA 50309 US**  
Mailing Address: **200 E. GRAND AVE. STE. 390 DES MOINES IA 50309 US**

3. Date Incorporated or Qualified: **11/18/1991**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **42-1370848**  
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

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

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KADUCE, JOHN J.</b>	
STREET ADDRESS	<b>200 E. GRAND, STE. 390</b>	
CITY-ST-ZIP	<b>DES MOINES IA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARVER, GARLAND K.</b>	
STREET ADDRESS	<b>7634 HICKMAN RD.</b>	
CITY-ST-ZIP	<b>DES MOINES IA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DICKINSON, L. CALL, JR.</b>	
STREET ADDRESS	<b>699 WALNUT, 1600 HUB TWR</b>	
CITY-ST-ZIP	<b>DES MOINES IA</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAEUSSLER, THOMAS A.</b>	
STREET ADDRESS	<b>2505 SHERWIN RD.</b>	
CITY-ST-ZIP	<b>UPPER ARLINGTON OH</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOREMAN, MERLIN J.</b>	
STREET ADDRESS	<b>6019 WEYBRIDGE</b>	
CITY-ST-ZIP	<b>JOHNSTON IA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PIERSON, ERNEST C.</b>	
STREET ADDRESS	<b>5100 GAMBLE DR.</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	

**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	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>C/D</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>T/D</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>V/D</b>
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 119.07(3)(k), 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 unchanged or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1996 515-288-8805

CR2E037 (12/95)

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Additional Directors

- |     |                |                       |
|-----|----------------|-----------------------|
| 7.1 | Title          | D                     |
| 7.2 | Name           | Bourne, Donald W.     |
| 7.3 | Street Address | 5142 Pine Top Place   |
| 7.4 | City-St-ZIP    | Orlando, FL 32819     |
| 8.1 | Title          | D                     |
| 8.2 | Name           | Stauffer, William A.  |
| 8.3 | Street Address | 913 Shoal Creek Place |
| 8.4 | City-St-ZIP    | Wilmington, NC 28405  |
| 9.1 | Title          | D                     |
| 9.2 | Name           | Zefron, Mianne E.     |
| 9.3 | Street Address | 147 - 34th Street     |
| 9.4 | City-St-ZIP    | Des Moines, IA 50312  |