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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 50309-1827 US
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3. Date Incorporated or Qualified 11/18/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	30

4. FEI Number 42-1370848	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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	PD	<input type="checkbox"/> DELETE
NAME	KADUCE, JOHN J.	
STREET ADDRESS	200 E. GRAND, STE. 390	
CITY-ST-ZIP	DES MOINES IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARVER, GARLAND K.	
STREET ADDRESS	7634 HICKMAN RD.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DICKINSON, L. CALL, JR.	
STREET ADDRESS	899 WALNUT, 1600 HUB TWR	
CITY-ST-ZIP	DES MOINES IA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HAEUSSLER, THOMAS A.	
STREET ADDRESS	2505 SHERWIN RD.	
CITY-ST-ZIP	UPPER ARLINGTON OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOREMAN, MERLIN J.	
STREET ADDRESS	6019 WEYBRIDGE	
CITY-ST-ZIP	JOHNSTON IA	
TITLE	VD	<input type="checkbox"/> DELETE
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3737 Southern Hills Drive	
3.4 CITY-ST-ZIP	Des Moines, IA 50321	
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		<input 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 **REQUIRED** Kaduce April 25, 1997 515-288-5805

CR2E037 (9/96)

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