


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36410 (9)**

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



Principal Place of Business <b>200 E. GRAND AVE. STE 390 DES MOINES IA 50309 US</b>	Mailing Address <b>200 E. GRAND AVE. STE. 390 DES MOINES IA 50309 US</b>
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3. Date Incorporated or Qualified <b>11/18/1991</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>42-1370848</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DICKINSON, L. CALL, JR.</b>	
STREET ADDRESS	<b>3737 SOUTHERN HILLS DRIVE</b>	
CITY-ST-ZIP	<b>DES MOINES IA</b>	
TITLE	<b>CD</b>	<input checked="" 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>TD</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>VD</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	<b>C/D</b> <input checked="" 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	<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 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 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* **John J. Kaduce** April 27, 1998 515-288-5805

CR2E037 (10/97)



### Additional Officers/Directors

7.1	Title	D
7.2	Name	Bourne, Donald W.
7.3	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	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	Address	147 - 34th Street
9.4	City-St-ZIP	Des Moines, IA 50312
10.1	Title	S
10.2	Name	Sydney J. Coder
10.3	Address	4505 - 73rd Street
10.4	City-St-ZIP	Urbandale, IA 50322