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**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90035 003 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P36410

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/18/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	42-1370848
City & State	City & State	5. Certificate of Status Desired
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	29	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	30	

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

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 \_\_\_\_\_ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADUCE, JOHN J.	1.2 NAME	
STREET ADDRESS	200 E. GRAND, STE. 390	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, GARLAND K.	2.2 NAME	
STREET ADDRESS	7634 HICKMAN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, L. CALL, JR.	3.2 NAME	
STREET ADDRESS	3737 SOUTHERN HILLS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEUSSLER, THOMAS A.	4.2 NAME	
STREET ADDRESS	2505 SHERWIN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	UPPER ARLINGTON OH	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREMAN, MERLIN J.	5.2 NAME	
STREET ADDRESS	6019 WEYBRIDGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSTON IA	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, ERNEST C.	6.2 NAME	
STREET ADDRESS	5100 GAMBLE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	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, with all other like empowered.

SIGNATURE: John J. Kaduce **REQUIRED** John J. Kaduce April 13, 1999 515-288-5805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)

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P36410

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        | Coder, Sydney J.      |
| 10.3 | Address     | 4505 - 73rd Street    |
| 10.4 | City-St-ZIP | Urbandale, IA 50322   |