


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90107 031 ****61.25

DOCUMENT # P36410	
1. Entity Name LCRC FOUNDATION, INC.	

Principal Place of Business 100 E. GRAND AVE. SUITE 330 DES MOINES, IA 50309 US	Mailing Address 100 E. GRAND AVE. SUITE 330 DES MOINES, IA 50309 US
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2. Principal Place of Business - No P.O. Box # 100 E. Grand Ave.	3. Mailing Address 100 E. Grand Ave.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200

01092007 Chg-NP CR2E037 (12/06)

City & State Des Moines, IA	City & State Des Moines, IA
Zip 50309	Country US
Zip 50309	Country US

4. FEI Number 42-1370848	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KADUCE, JOHN J. 100 E. GRAND AVENUE - SUITE 330 DES MOINES, IA 50309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOREMAN, MERLIN J. 6005 STONE POINTE COURT JOHNSTON, IA 50131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, ERNEST C. 4850 PARK GLEN ROAD MINNEAPOLIS, MN 55416 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CODER, SYDNEY J 100 E. GRAND AVENUE - SUITE 330 DES MOINES, IA 50309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WAGNER-HAUSER, ANN M 5826 WOODLAND ROAD DES MOINES, IA 50312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, LARRY M 100 EAST GRAND AVE, STE 330 DES MOINES, IA 50309 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kaduce, John J. 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott M. Harrison 100 E. Grand Avenue, Suite 200 Des Moines, IA 50309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Coder, Sydney J. 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Smith, Larry M. 100 East Grand Ave., Suite 200 Des Moines, IA 50309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, Florida Statutes. Further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Scott M. Harrison 515-288-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #