

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 04, 2009  
Secretary of State

DOCUMENT# P36410

Entity Name: LCRC FOUNDATION, INC.

## Current Principal Place of Business:

100 E. GRAND AVE.  
SUITE 200  
DES MOINES, IA 50309 US

## New Principal Place of Business:

## Current Mailing Address:

100 E. GRAND AVE.  
SUITE 200  
DES MOINES, IA 50309 US

## New Mailing Address:

FEI Number: 42-1370848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KADUCE, JOHN J.,  
Address: 9014 SE HAWKS NEST COURT  
City-St-Zip: HOBE SOUND, FL 33455

Title: CD ( ) Delete  
Name: FOREMAN, MERLIN J.,  
Address: 6005 STONE POINTE COURT  
City-St-Zip: JOHNSTON, IA 50131

Title: PD ( ) Delete  
Name: HARRISON, SCOTT M  
Address: 100 E GRAND AVE STE 200  
City-St-Zip: DES MOINES, IA 50309

Title: S ( ) Delete  
Name: CODER, SYDNEY J  
Address: 100 E GRAND AVE STE 200  
City-St-Zip: DES MOINES, IA 50309

Title: VCD ( ) Delete  
Name: WAGNER-HAUSER, ANN M  
Address: 4220 COUNTY RD. 44  
City-St-Zip: MOUND, MN 55364

Title: VT ( ) Delete  
Name: SMITH, LARRY M  
Address: 100 E GRAND AVE STE 200  
City-St-Zip: DES MOINES, IA 50309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FOREMAN, MERLIN J.,  
Address: 6005 STONE POINTE COURT  
City-St-Zip: JOHNSTON, IA 50131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: WAGNER-HAUSER, ANN M  
Address: 4220 COUNTY RD. 44  
City-St-Zip: MOUND, MN 55364

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT M. HARRISON

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date