FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26808** **(6)**

1. Corporation Name
SERVICES FOR YOU, INC.

Principal Place of Business	Mailing Address
800 SECOND AVENUE DES MOINES IA 50309	800 SECOND AVENUE DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/01/1989**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **42-1340321** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	11 TITLE		☐ Change ☐ Addition
NAME	THURSTON, STANLEY G	12 NAME		
STREET ADDRESS	800 SECOND AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	SR VP/SECRETARY	☒ Change ☐ Addition
NAME	STRUTT, DAVID S.	22 NAME	HOOVER, STEVE	
STREET ADDRESS	800 SECOND AVENUE	23 STREET ADDRESS	800 SECOND AVE	
CITY-ST-ZIP	DES MOINES IA	24 CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	NEIS, ARTHUR V.	32 NAME		
STREET ADDRESS	800 SECOND AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WEITZ, FRED W.	42 NAME		
STREET ADDRESS	800 SECOND AVENUE DELETE	43 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	KENNY, EDWARD, R	52 NAME		
STREET ADDRESS	800 SECOND AVE	53 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	VP	☒ Change ☐ Addition
NAME	MARTIN, JOSEPH, A	62 NAME	HARRISON, MARY	
STREET ADDRESS	800 SECOND AVE	63 STREET ADDRESS	800 SECOND AVE	
CITY-ST-ZIP	DES MOINES IA	64 CITY-ST-ZIP	DES MOINES, IA 50309	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur V Neis ARTHUR V. NEIS 5/1/95 515-245-7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0385048 CP