FILED Apr 06, 1999 8:00 am Secretary of State

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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93000002993

D V TECHNOLOGIES, INC.

Principal Place of Business Mailing Address							10.00 1 1007
436 G AVENUE. N.W. CEDAR RAPIDS IA 52405		436 G AVENUE. N.W. CEDAR RAPIDS IA 52405		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/29/1993		-"
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 838	1ST ST NW	26 PO BOX 7404	2		42-1392652	N.	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23 CED	AR RAPIDS IA	28 CEDAR RAPID	S IA		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		_
24 52.40	05 25 USA	29 52407 30	<u>us</u>	Α	Personal Property Tax.	Yes	□XNo
Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
			81	Name			
C T CORPORATION SYSTEM			82	Street	Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD				L.,			
PLANTATION FL 33324			83	i			
			84	City		85 Zip	Code
				,		-L	
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, Sech 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	P DELETE 1.11		1.1 TITLE		DIRECTOR ONLY	☐ Change	☐ Addition
NAME	BLOOMHALL, WILLIAM A II		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS 83		838 1ST ST NW		
CITY-ST-ZIP	CEDAR RAPIDS IA 52403		1.4 CITY-ST-ZIP CE		CEDAR RAPIDS IA 52405		
TITLE			2.1 TITLE	-	PRESIDENT	Change	☐ Addition
NAME)	BLOOMHALL, JOHN C		2.2 NAME				İ
STREET ADDRESS	436 G AVENUE N.W. 23		2.3 STREE	T ADDRESS	838 1ST ST NW		
CITY-ST-ZIP	CEDAR RAPIDS IA 52403		2.4 CITY-ST-ZIP CF		CEDAR RAPIDS TA 52405		
TITLE	DT DELETE		3.1 TITLE		SECRETARY	Change	☐ Addition
NAME	FAGANEL, PAUL R		3.2 NAME				1
STREET ADDRESS	436 G AVENUE N.W.		3.3 STREE	T ADDRESS	838 1ST ST NW		
CITY-ST-ZIP	CEDAR RAPIDS IA 52403		3.4. CITY-		CEDAR RAPIDS IA 52405		
TITLE	VPFD	☐ DELETE	4.1 TITLE		TREASURER	Change (☐ Addition
NAME LUUKKONEN MICHAEL J.			4. 2 NAME				ļ
STREET ADDRESS	436 G AVENUE NW		4.3 STREE	T ADDRESS	838 1ST ST NW		
CITY-ST-ZIP	CEDAR RAPIDS IA		4.4 CITY-S	T-ZIP	CEDAR RAPIDS IA 52405		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			į

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

ACHAEL J LÜUKKONEN

□ DELETE

3/24/99

319-366-0746

☐ Change

☐ Addition