2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000004686

1. Entity Name
THE GRAHAM GROUP OF IOWA, INC.

Principal Place of Business	Mailing Address
500 LOCUST STREET DES MOINES, IA 50309	500 LOCUST STREET DES MOINES, IA 50309

02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-0867219
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MILLIGAN, GEORGE D
STREET ADDRESS	500 LOCUST STREET
CITY-ST-ZIP	DES MOINES, IA 50309
TITLE	VSD
NAME	TAYLOR, CHARLES R
STREET ADDRESS	500 LOCUST STREET
CITY-ST-ZIP	DES MOINES, IA 50309
TITLE	TD
NAME	JAMES, MARTHA G
STREET ADDRESS	500 LOCUST STREET
CITY-ST-ZIP	DES MOINES, IA 50309
TITLE	D
NAME	ANTISDEL, MELINDA G
STREET ADDRESS	500 LOCUST STREET
CITY-ST-ZIP	DES MOINES, IA 50309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R. Taylor Secretary 2-24-06 5156997120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles R. Taylor