

P00000045635

Midamerican Energy
(Requestor's Name)

Po Box 813
(Address)

Des Moines
(Address)

Iowa 50304-0813
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

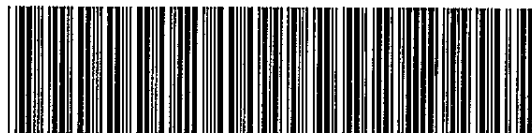
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R.A. Change
HST

10-27-2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Reserve Insurance, Inc.
(Name of corporation)

DOCUMENT NUMBER: P 00000045635

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul J. Leighton
(Name of person)

MidAmerican Energy
(Name of firm/company)

Box 657

(Address)

Des Moines, IA 50303-0657
(City/State and zip code)

For further information concerning this matter, please call:

Connie Sullivan
(Name of person)

at (515) 281-2290
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 16, 2003

MIDAMERICAN ENERGY
Post Office Box 813
Des Moines, IA 50304-0813

SUBJECT: FIRST RESERVE INSURANCE, INC.
Ref. Number: P00000045635

We have received your document for FIRST RESERVE INSURANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The registered agent must sign accepting the designation.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson
Document Specialist Supervisor

Letter Number: 403A00056455

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: First Reserve Insurance, Inc.
2. The principal office address: 666 Grand Ave. #2900
Des Moines, IA 50309
3. The mailing address (if different): Box 657
Des Moines, IA 50303-0657
4. Date of incorporation/qualification: 5/8/00 Document number: P000000 45635
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Allen Harper
1360 S. Dixie Hwy.
Coral Gables, FL 33146

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
1200 South Pine Island Road
(P.O. Box or personal mailbox NOT acceptable)
Plantation, FL 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Paul J. Leighton
(Signature of an officer or director)

Paul J. Leighton Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michael J. Smith
(Signature of Registered Agent)

10.23.03
(Date)

If signing on behalf of an entity:

Michael J. Smith
(Typed or Printed Name)

Assistant Secretary
(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314