

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002354

**Entity Name:** ITS NETWORK, INC.

**Current Principal Place of Business:**

6700 PIONEER PARKWAY  
JOHNSTON, IA 50131

**Current Mailing Address:**

6700 PIONEER PARKWAY  
JOHNSTON, IA 50131

**FEI Number: 42-1063794**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TAMPA, FL 32301 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name KINTNER, TIM  
Address 453 SEVENTH STREET  
City-State-Zip: DES MOINES IA 50309

Title VC  
Name KINTNER, TIM  
Address 6700 PIONEER PARKWAY  
City-State-Zip: JOHNSTON IA 50131

Title PRES/COO  
Name WALTZ, PAUL  
Address 12333 UNIVERSITY AVENUE  
City-State-Zip: CLIVE IA 50325

Title CEO  
Name HOLLINGER, MICHAEL  
Address 6700 PIONEER PARKWAY  
City-State-Zip: JOHNSTON IA 50131

Title SEC/TREAS/DIRECTOR  
Name SWALLEY, KEVIN J  
Address 529 G AVENUE  
City-State-Zip: GRUNDY CENTER IA 50638

Title DIRECTOR  
Name HANDKE, STEVEN  
Address 545 MAIN STREET  
UNION STATE BANK  
City-State-Zip: EVEREST KS 66424

*I hereby 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 all other like empowered.*

**SIGNATURE: KEVIN J. SWALLEY**

**SECRETARY**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date