

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000004686

**Entity Name:** THE GRAHAM GROUP OF IOWA, INC.

**Current Principal Place of Business:**

505 5TH AVENUE  
SUITE 200  
DES MOINES, IA 50309-2449

**Current Mailing Address:**

505 5TH AVENUE  
SUITE 200  
DES MOINES, IA 50309-2449 US

**FEI Number:** 42-0867219

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PCD  
Name MILLIGAN, GEORGE D  
Address 505 5TH AVENUE, SUITE 200  
City-State-Zip: DES MOINES IA 50309

Title VSD  
Name TAYLOR, CHARLES R  
Address 505 5TH AVENUE, SUITE 200  
City-State-Zip: DES MOINES IA 50309

Title TD  
Name JAMES, MARTHA G  
Address 505 5TH AVENUE, SUITE 200  
City-State-Zip: DES MOINES IA 50309

Title D  
Name ANTISDEL, MELINDA G  
Address 505 5TH AVENUE, SUITE 200  
City-State-Zip: DES MOINES IA 50309

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES R TAYLOR

**SECRETARY/PARTNER**

**01/13/2014**

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

\_\_\_\_\_  
Date