

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **632385** (1)  
1. Corporation Name  
**ROCK ISLAND LAND CORPORATION**



Principal Place of Business <b>2800 CANTRELL RD. PO BOX 3375 LITTLE ROCK AR 72203</b>	Mailing Address <b>2800 CANTRELL RD. PO BOX 3375 LITTLE ROCK AR 72203-3375</b>
--	---

2. Principal Place of Business <b>21 11001 Executive Center Dr.</b>		2a. Mailing Address <b>26 11001 Executive Center Dr.</b>		3. Date Incorporated or Qualified <b>08/09/1979</b>	3a. Date of Last Report <b>02/26/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-1964687</b>	Applied For Not Applicable
City & State <b>22 Little Rock, Arkansas</b>		City & State <b>27 Little Rock, Arkansas</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>23 72211</b>		Zip <b>28 72211</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country <b>24 USA</b>		Country <b>29 USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AYCOCK, LYNDA R 1 INDEPENDENT DRIVE 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b>	

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. Such 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VAS GUNTER, JOE T. 2800 CANTRELL ROAD LITTLE ROCK AR	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	11001 Executive Center Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
TITLE	VSD DUMENY, MARCEL J. 2800 CANTRELL RD. LITTLE ROCK AR	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	11001 Executive Center Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
TITLE	VD MCCONNELL, JACK 2800 CANTRELL RD. LITTLE ROCK AR	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	11001 Executive Center Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
TITLE	AS BENNETT, BILL 2800 CANTRELL RD. LITTLE ROCK AR	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	11001 Executive Center Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
TITLE	POT HOWETH, ROBERT W. 2800 CANTRELL RD LITTLE ROCK AR	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	11001 Executive Center Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)