

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819084

(5)

1. Corporation Name

WEITZ COMPANY, INC.



Principal Place of Business

800 SECOND AVENUE
DES MOINES IA 50309-1328

Mailing Address

800 SECOND AVENUE
DES MOINES IA 50309-1328

3. Date Incorporated or Qualified
10/13/1965

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip

4. FLE Number
42-0591030

Applied for
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature type for person who is the registered agent or the person who is the

Entity Registered Agent Signature type for officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	☐ DELETE
NAME	DESTIGTER, GLENN H.	
STREET ADDRESS	813 SW COHASSET DR	
CITY-STATE-ZIP	ANKENY IA	
TITLE	EVP	☐ DELETE
NAME	GOSSELINK, JERRY D	
STREET ADDRESS	1575 NW 75TH ST	
CITY-STATE-ZIP	DES MOINES IA	
TITLE	P	☐ DELETE
NAME	KEOPNICK, JIMMY R.	
STREET ADDRESS	2640 HOPE LANE	
CITY-STATE-ZIP	LAKE PARK FL	
TITLE	P	☐ DELETE
NAME	MOHR, LARRY D.	
STREET ADDRESS	1830 SOUTH ROGERS	
CITY-STATE-ZIP	MESA AZ	
TITLE	VP	☐ DELETE
NAME	HORNADAY, WILLIAM R.	
STREET ADDRESS	5933 E. CALLE DEL SUD	
CITY-STATE-ZIP	PHOENIX AZ	
TITLE	VP	☐ DELETE
NAME	SNOOK, FRANCIS E.	
STREET ADDRESS	1148 24TH ST	
CITY-STATE-ZIP	WEST DES MOINES IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald R. Blum, TREASURER

1/26/96

515-246-4700

CR2E034 (12/95)