

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 30 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1965

3a. Date of Last Report

02/21/1996

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 400 LOUISE ST

Suite, Apt. #, etc.

22 SUITE 300

City, State

23 Des Moines, IA

Zip

24 50309

Country

25

2a. Mailing Address

26 400 LOUISE ST.

Suite, Apt. #, etc.

27 SUITE 300

City & State

28 Des Moines IA

Zip

29 50309

Country

30

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME DESTIGTER, GLENN H.
STREET ADDRESS 813 SW COHASSET DR
CITY-ST-ZIP ANKENY IA

TITLE EVP ☐ DELETE

NAME GOSSELINK, JERRY D
STREET ADDRESS 1575 NW 75TH ST
CITY-ST-ZIP DES MOINES IA

TITLE P ☐ DELETE

NAME KEOPNICK, JIMMY R.
STREET ADDRESS 2640 HOPE LANE
CITY-ST-ZIP LAKE PARK FL

TITLE P ☐ DELETE

NAME MOHR, LARRY D.
STREET ADDRESS 1830 SOUTH ROGERS
CITY-ST-ZIP MESA AZ

TITLE VP ☐ DELETE

NAME HORNADAY, WILLIAM R.
STREET ADDRESS 5933 E. CALLE DEL SUD
CITY-ST-ZIP PHOENIX AZ

TITLE VP ☐ DELETE

NAME SNOOK, FRANCIS E.
STREET ADDRESS 1148 24TH ST
CITY-ST-ZIP WEST DES MOINES IA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002258600-000

-08/05/97--01113--001

***1100.00 ***550.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

7/23/97 6151618-4260

CR2E034 (4/97)