2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNODIPE GNATURE AND TYPED OR PRINTED NAM

Aug 14, 2001 8:00 am Secretary of State DOCUMENT # 819084 1. Entity Name 04-04-2001 90250 001 ***300 00 THE WEITZ COMPANY I. INC. 08-14-2001 90003 026 ***550.00 Principal Place of Business Mailing Address 400 LOCUST STREET **400 LOCUST STREET** SUITE 300 SUITE 300 DES MOINES IA 50309 DES MOINES IA 50309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 42-0591030 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (5/01) **PCEO** ☐ Change ☐ Addition TITLE ☐ Delete TITLE DESTIGTER, GLENN H. NAME NAME STREET ADDRESS 3209 NE TRILEIN STREET ADDRESS Please See Attached List CITY-ST-ZIP ANKENY IA CITY-ST-ZIP TITLE ☐ Delete TITLE KEOPNICK, JIMMY R. NAME NAME 2640 HOPE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL Delete ☐ Change ☐ Addition TITLE TITLE NAME -MOHR. LARRY-D. ----NAME STREET ADDRESS **1830 SOUTH ROGERS** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MESA AZ Delete Change ☐ Addition TITLE TITLE HORNADAY, WILLIAM R. NAME STREET ADDRESS 5933 E. CALLE DEL SUD STREET ADDRESS CITY-ST-ZIP PHOENIX AZ CITY-ST-ZIP Change ☐ Addition TITLE ■ Delete TITLE SNOOK, FRANCIS E. NAME NAME STREET ADDRESS 1148 24TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST DES MOINES IA ☐ Delete [] Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I 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 report or supplemental 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 11 or Block 12 if

FILED

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Date Daylime Phone #

. The Weitz Company I , Inc.

819084

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