

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819084

FILED
Jan 14, 2005
Secretary of State

Entity Name: THE WEITZ COMPANY I, INC.

Current Principal Place of Business:

400 LOCUST STREET
SUITE 300
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

400 LOCUST STREET
SUITE 300
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 42-0591030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: DESTIGTER, GLENN H.
Address: 3209 NE TRILEIN
City-St-Zip: ANKENY, IA

Title: P () Delete
Name: KEOPNICK, JIMMY R.
Address: 2640 HOPE LANE
City-St-Zip: LAKE PARK, FL

Title: P () Delete
Name: MOHR, LARRY D.
Address: 1830 SOUTH ROGERS
City-St-Zip: MESA, AZ

Title: VPCS () Delete
Name: DAMOS, CRAIG P
Address: 400 LOCUST STREET, STE. 300
City-St-Zip: DES MOINES, IA 503092331

Title: VPGC () Delete
Name: STRUTT, DAVID S
Address: 400 LOCUST ST., SUITE 300
City-St-Zip: DES MOINES, IA 503092331

Title: TAS () Delete
Name: BLUM, DONALD R
Address: 400 LOCUST STREET, SUITE 300
City-St-Zip: DES MOINES, IA 503092331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARTLING, LEONARD W JR
Address: 13297 DOUBLETREE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: VP (X) Change () Addition
Name: DAMOS, CRAIG P
Address: 400 LOCUST STREET, STE. 300
City-St-Zip: DES MOINES, IA 503092331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID S. STRUTT

VP

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date