

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 832522 (7)
1. Corporation Name
D F M CORP.

Principal Place of Business

Mailing Address

1800 N 9TH ST
INDIANOLA IA 50125
US

1800 N 9TH ST
INDIANOLA IA 50125
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1974

4. FEI Number

42-1014610

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RUSSELL E. STUBBINGS
STREET ADDRESS 1800 N. 9TH ST.
CITY-STATE-ZIP INDIANOLA IA ☐ DELETE

1.1 TITLE CFO
1.2 NAME Ron Fox
1.3 STREET ADDRESS 1800 N. 9th St.
1.4 CITY-STATE-ZIP Indianola IA ☐ Change ☒ Addition

TITLE CD
NAME MEYER, CHARLES
STREET ADDRESS 3 1ST NAT'L PLAZA
CITY-STATE-ZIP CHICAGO IL ☐ DELETE

2.1 TITLE COO
2.2 NAME DICK MINEHART JR
2.3 STREET ADDRESS 1800 N. 9th St.
2.4 CITY-STATE-ZIP Indianola IA ☐ Change ☒ Addition

TITLE VS
NAME SWARTHOUT, LOWELL
STREET ADDRESS DFM, 1800 N 9TH ST
CITY-STATE-ZIP INDIANOLA IA ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE V
NAME DANIELS, JOHN
STREET ADDRESS DFM, 1800 N 9TH ST
CITY-STATE-ZIP INDIANOLA IA ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE AS
NAME CRUGER, JAMES
STREET ADDRESS 105 WALKER DRIVE #4000
CITY-STATE-ZIP CHICAGO IL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. 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 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

R. E. Stubbings

1/29/98

515-961-6100

CR2E034 (10/97)