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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90094 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **832522**

1. Corporation Name  
**D F M CORP.**



Principal Place of Business  
**1800 N 9TH ST  
INDIANOLA IA 50125  
US**

Mailing Address  
**1800 N 9TH ST  
INDIANOLA IA 50125  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/14/1974</b>	
21		26	<b>911 Lund Boulevard</b>	4. FEI Number <b>42-1014610</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28	<b>Anoka MN</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29	<b>55303 U.S.A.</b>		

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUSSELL E. STUBBINGS</b>	1.2 NAME	<b>Era D. Kleinman</b>
STREET ADDRESS	<b>1800 N. 9TH ST.</b>	1.3 STREET ADDRESS	<b>911 Lund Boulevard</b>
CITY-ST-ZIP	<b>INDIANOLA IA</b>	1.4 CITY-ST-ZIP	<b>Anoka, MN 55303</b>
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEYER, CHARLES</b>	2.2 NAME	<b>Dennis W. Vollmershausen</b>
STREET ADDRESS	<b>3 1ST NAT'L PLAZA</b>	2.3 STREET ADDRESS	<b>911 Lund Boulevard</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	2.4 CITY-ST-ZIP	<b>Anoka MN 55303</b>
TITLE	CFO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RON FOX</b>	3.2 NAME	<b>Ronald C. Fox</b>
STREET ADDRESS	<b>1800 N 9TH ST</b>	3.3 STREET ADDRESS	<b>911 Lund Boulevard</b>
CITY-ST-ZIP	<b>INDIANOLA IA</b>	3.4 CITY-ST-ZIP	<b>Anoka, MN 55303</b>
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANIELS, JOHN</b>	4.2 NAME	<b>Kathy R. Smith</b>
STREET ADDRESS	<b>DFM, 1800 N 9TH ST</b>	4.3 STREET ADDRESS	<b>911 Lund Boulevard</b>
CITY-ST-ZIP	<b>INDIANOLA IA</b>	4.4 CITY-ST-ZIP	<b>Anoka MN 55303</b>
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUGER, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>105 WALKER DRIVE #4000</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	5.4 CITY-ST-ZIP	
TITLE	COO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICK MINEHART JR</b>	6.2 NAME	
STREET ADDRESS	<b>1800 N 9TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANOLA IA</b>	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE **Kathy R. Smith** Secretary **1/11/99** **612-576-4271**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)