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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **836048** **(9)**

1. Corporation Name
NPC LEASING CORP.

Principal Place of Business	Mailing Address
P.O. BOX 2067 1101 SECOND AVE. S.E. CEDAR RAPIDS, IA 52406-2067 US	P.O. BOX 2067 1101 SECOND AVE. S.E. CEDAR RAPIDS, IA 52406-2067 US

3. Date Incorporated or Qualified: 03/29/1976
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 200 First Street SE
Suite, Apt. #, etc.
22 Suite 1700, IES Tower
City & State
23 Cedar Rapids, IA
Zip 24 52401 Country 25 Linn

2a. Mailing Address
26 200 First Street SE
Suite, Apt. #, etc.
27 Suite 1700, IES Tower
City & State
28 Cedar Rapids, IA
Zip 29 52401 Country 30 Linn

4. FEI Number: 11-2211579 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	PALIUGHI, RONALD D		1.2 NAME	PALIUGHI, RONALD D.	
STREET ADDRESS	1101 SECOND AVE. S.E.		1.3 STREET ADDRESS	200 FIRST STREET SE, SUITE 1700	
CITY-ST-ZIP	CEDAR RAPIDS IA 52406-2067		1.4 CITY-ST-ZIP	CEDAR RAPIDS, IA 52401	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHORR, BRIAN ;		2.2 NAME	SCHORR, BRIAN	
STREET ADDRESS	900 3RD AVE 31 FLOOR		2.3 STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	DVCF	☐ DELETE	3.1 TITLE	DVCF	☒ Change ☐ Addition
NAME	LEVATO, JOSEPH A		3.2 NAME	LEVATO, JOSEPH A.	
STREET ADDRESS	900 3RD AVE., 31ST FLOOR		3.3 STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	V	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	MC CARRON, FRANCIS T		4.2 NAME	MC CARRON, FRANCIS T.	
STREET ADDRESS	900 3RD AVE., 31ST		4.3 STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022		4.4 CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	S	☐ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	ROSEN, STUART I		5.2 NAME	ROSEN, STUART I.	
STREET ADDRESS	900 3RD AVE 31ST FLOOR		5.3 STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	V	☐ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	CROWE, ROBERT J		6.2 NAME	CROWE, ROBERT J.	
STREET ADDRESS	900 3RD AVE 31ST FLOOR		6.3 STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	NEW YORK, NY 10017	

CR2E034 (9/96)

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: Ronald D Paliughi RONALD D PALIUGHI 4/25/97 319/365-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #