

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

FILED

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
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DOCUMENT # 836048 (9)

1. Corporation Name
NPC LEASING CORP.

Principal Place of Business

P.O. BOX 2067
1101 SECOND AVE. S.E.
CEDAR RAPIDS, IA 52406-2067
US

Mailing Address

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PALIUGHI, RONALD D
1101 SECOND AVE. S.E.
CEDAR RAPIDS IA 52406-2067

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHORR, BRIAN ;
900 3RD AVE 31 FLOOR
NEW YORK NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVCF
LEVATO, JOSEPH A
900 3RD AVE., 31ST FLOOR
NEW YORK NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MC CARRON, FRANCIS T
900 3RD AVE., 31ST
NEW YORK NY 10022

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROSEN, STUART I
900 3RD AVE 31ST FLOOR
NEW YORK NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CROWE, ROBERT J
900 3RD AVE 31ST FLOOR
NEW YORK NY

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DP
PALIUGHI, RONALD D.
200 FIRST STREET SE, SUITE 1700
CEDAR RAPIDS, IA 52401

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
SCHORR, BRIAN
280 PARK AVENUE
NEW YORK, NY 10017

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DVCF
LEVATO, JOSEPH A.
280 PARK AVENUE
NEW YORK, NY 10017

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
V
MC CARRON, FRANCIS T.
280 PARK AVENUE
NEW YORK, NY 10017

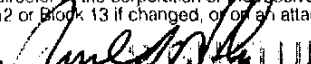
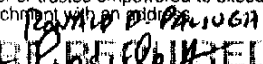
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
S
ROSEN, STUART I.
280 PARK AVENUE
NEW YORK, NY 10017

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
V
CROWE, ROBERT J.
280 PARK AVENUE
NEW YORK, NY 10017

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 change.

SIGNATURE:  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/25/97

319/365-1550

CR2E034 (9/96)