FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90147 035 ***150.00

Principal Place of Business
CEDAR RAPIDS, IA 52406-3177 Chy & State Chy & Country Country Chy & Country C
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1032005 Chg.P CR2E034 (10/03) City & State City & State City & State Country Zip Country S. Certificate of Status Desired #A2-1407241 Name and Address of Leve Registered Agent T. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent, or both, in the State of Forida. I am Ismitise wich, and accept the obligations of registered agent. SIGNATURE Special Pland of
City & State
A2-1407241
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address of Points in the State of Points. I am Jamiliar with, and accept the obligations of registered agent. 8. The Address of Points in the State of Points. I am Jamiliar with, and accept the obligations of registered agent. 8. The Address of Points in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or both, in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or both, in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or both, in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or both, in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or both, in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or both, in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or both, in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or both, in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or both, in the State of Points. I am Jamiliar with, and accept the obligations of registered agent, or regi
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8. 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. I am Tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, hybrid or privated reare of registered agent and 8th of applicable. (HOTE: Registered Agent signature required invariant institution) PLE TILE NOWITE FEE 1S \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campelign Financhig Trust Fund Contribution. 9. Election Campelign Financhig Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. GRAY, STEPHEN C 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. Cleange Addition 19. Election Campelign Financhig Trust Fund Contribution. 19. Election Campelign Financhig Trust Fund Contribu
8. 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. I am lamiliar with, and accept the obligations of registered agent. Signature Speakes, typed or privated name of registered agent and the 4 applicable. (HOTE Registered Agent Imputative required when entitlating) DATE
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After May 1, 2005 Fee will be \$55.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD Street Delete TITLE Change Addition NAME GRAY, STEPHEN C STREET ADDRESS CITY-ST-2P CEDAR RAPIDS, IA CITY-ST-2P TILE GVPS Delete TITLE NAME THOMPSON, JAMES E 6400 C. STREET SW PO BOX 3177 STREET ADDRESS CITY-ST-2P CEDAR RAPIDS, IA 52406 CITY-ST-2P TITLE VPT Delete TITLE NAME CERYANEC, JOSEPH H NAME STREET ADDRESS CITY-ST-2P CEDAR RAPIDS, IA CEDAR RAPIDS, IA CITY-ST-2P TITLE CEOD Delete TITLE NAME STREET ADDRESS CITY-ST-2P CEDAR RAPIDS, IA CEDAR RAPIDS, IA CITY-ST-2P TITLE CEOD Delete TITLE NAME DAVIS, CHRIS A SARGET ADDRESS CITY-ST-2P CEDAR RAPIDS, IA 52406 CITY-ST-2P TITLE CEOD Delete TITLE NAME STREET ADDRESS CITY-ST-2P CEDAR RAPIDS, IA 52406 CITY-ST-2P TITLE MAME CEOD Delete TITLE NAME STREET ADDRESS CITY-ST-2P CEDAR RAPIDS, IA 52406 CITY-ST-2P TITLE MAME MCGRAW, ROY C STREET ADDRESS CITY-ST-2P CEDAR RAPIDS, IA 52406 CITY-ST-2P TITLE MAME MCGRAW, ROY C STREET ADDRESS CITY-ST-2P STREET SW PO BOX 3177 STREET MAME STREET ADDRESS CITY-ST-2P STREET SW PO BOX 3177 STREET MAME STREET ADDRESS CITY-ST-2P CEDAR RAPIDS, IA 52406 CITY-ST-2P TITLE MAME MCGRAW, ROY C STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-2P CEDAR RAPIDS, IA 52406 CITY-ST-2P TITLE MAME MAME MAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CEDAR RAPIDS CEDA
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.