2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001155

Entity Name: PHI FINANCIAL SERVICES, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
400 LOCUST STREET, SUITE 800 DES MOINES, IA 50309				7100 NW 62ND AVENUE, P.O.BOX 1014 JOHNSTON, IA 501311014			
Current Mailing Address:				New Mailing Address:			
400 LOCUST STREET, SUITE 800 DES MOINES, IA 50309			7100 NW 62ND AVENUE, P.O.BOX 1014 JOHNSTON, IA 501311014				
FEI Number: 42-1360834 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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. SIGNATURE:							
SIGNATUR		Signature of Registered Agent	<u> </u>			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR							AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name:	COLLINS, JEFF 7100 N.W. 62ND JOHNSTON, IA 5	50131 US Delete		Title: Name: Address: City-St-Zip: Title: Name:		() Change () Addition (X) Change () Addition (ENNETH	
Address: City-St-Zip:	7100 N.W. 62ND JOHNSTON, IA 5			Address: City-St-Zip:	7100 N.W. 62 JOHNSTON,		
Title: Name: Address: City-St-Zip:	HENSON, RUTH	Delete REET, SUITE 800 . 50309 US		Title: Name: Address: City-St-Zip:	HENSON, RU 7100 NW 621	(X) Change ()Addition ITH ND AVENUE, P.O.BOX IA 501311014 US	
Title: Name: Address: City-St-Zip:	D () EROSS, FRANK 400 LOCUST STI DES MOINES, IA	REET, SUITE 700		Title: Name: Address: City-St-Zip:	(()Change ()Addition	n
Title: Name: Address: City-St-Zip:	D () E OESTREICH, DE 7100 N.W. 62ND JOHNSTON, IA	AVENUE		Title: Name: Address: City-St-Zip:	D (OESTREICH, 7000 N.W. 62 JOHNSTON,	2ND AVENUE	n
Title: Name: Address: City-St-Zip:	TD () E AUSTIN, JEFFRE 7100 N.W. 62ND JOHNSTON, IA 5	AVENUE		Title: Name: Address: City-St-Zip:	(()Change ()Addition	ר

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH HENSON AS 04/28/2005