2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F07000000016

Entity Name: RUAN, INCORPORATED

Current Principal Place of Business:

666 GRAND AVE
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

PO BOX 855
DES MOINES, IA 50306

New Mailing Address:

FEI Number: 42-0729811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: RUAN III, JOHN
Address: 666 GRAND AVE
City-St-Zip: DES MOINES, IA 50309

Title: VP ( ) Delete
Name: ROMIG, RONALD
Address: 666 GRAND AVE
City-St-Zip: DES MOINES, IA 50309

Title: S ( ) Delete
Name: RUAN IV, JOHN
Address: 666 GRAND AVE
City-St-Zip: DES MOINES, IA 50309

Title: T ( ) Delete
Name: BALL, TRACEY
Address: 666 GRAND AVE
City-St-Zip: DES MOINES, IA 50309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRACEY BALL T 01/14/2009

Electronic Signature of Signing Officer or Director — Date