

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001736 (8)
 1. Corporation Name
BRENTON INVESTMENTS, INC.



Principal Place of Business 400 LOCUST. STE 230 DES MOINES IA 50309 US	Mailing Address P.O. BOX 0891 DES MOINES IA 50304-0891
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2840 Ingersoll Suite, Apt. #, etc. 22 City & State 23 DES MOINES, IA Zip 24 50312 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 04/08/1993	4. FEI Number 42-1378382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP.	<input type="checkbox"/> DELETE
NAME	THIES, MICHAEL R	
STREET ADDRESS	400 LOCUST STE 200 2840 Ingersoll	
CITY-ST-ZIP	DES MONIES IA 50309 Des Moines IA 50312	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	C ROBERT BRENTON	
STREET ADDRESS	400 LOCUST STE 200	
CITY-ST-ZIP	DES MONIES IA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PIPER/BACH, ELIZABETH	
STREET ADDRESS	912 27TH ST.	
CITY-ST-ZIP	2840 Ingersoll Des Moines IA 50312	
TITLE	Hyland Steven, Director	<input type="checkbox"/> DELETE
NAME	2840 Ingersoll	
STREET ADDRESS	Des Moines, IA 50312	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Schuler Steven T	
STREET ADDRESS	600 Locust Ste 200	
CITY-ST-ZIP	Des Moines Ia, 50312	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Tracy Michael	
STREET ADDRESS	2840 Ingersoll	
CITY-ST-ZIP	Des Moines IA 50312	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **Edward P. Proulx** 1-29-98 515-237-5275

CR2E034 (10/97)