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Feb 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000001736**

1. Corporation Name
BRENTON INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2840 INGERSOLL DES MOINES IA 50312 US**
 Mailing Address: **P.O. BOX 0891 DES MOINES IA 50304-0891**

3. Date Incorporated or Qualified: **04/08/1993**
 4. FEI Number: **42-1378382**
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23) and Mailing Address (2a-24) details including City, State, Zip, and Country.

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 (81-85) details including Name, Street Address, City, and 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	2840 INGERSOLL	
CITY-ST-ZIP	DES MONIES IA 50312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYLAND, STEVEN	
STREET ADDRESS	2840 INGERSOLL	
CITY-ST-ZIP	DES MONIES IA 50312	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PIPER/BACH, ELIZABETH	
STREET ADDRESS	2840 INGERSOLL	
CITY-ST-ZIP	DES MOINES IA 50312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULER, STEVEN T.	
STREET ADDRESS	400 LOCUST, STE 200	
CITY-ST-ZIP	DES MOINES IA 50312	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRACY, MICHAEL	
STREET ADDRESS	2840 INGERSOLL	
CITY-ST-ZIP	DES MOINES IA 50312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" 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 checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Elwell, David Eugene
5.4 CITY-ST-ZIP	910 East First Street, Ankeny, Ia 50021
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, with all other like empowered.

SIGNATURE: *Elizabeth Piper/Bach* Elizabeth Piper/Bach 1/8/99 515-231-5275

CR2E034 (11/98)