

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001736

1. Entity Name

BRENTON INVESTMENTS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90030 007 ***150.00

Principal Place of Business
 2840 INGERSOLL
 DES MOINES IA 50312
 US

Mailing Address
 P.O. BOX 0891
 DES MOINES IA 50304-0891



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **42-1378382**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~VP~~ Delete
 NAME ~~THIES, MICHAEL R~~
 STREET ADDRESS ~~2840 INGERSOLL~~
 CITY-ST-ZIP ~~DES MOINES IA 50312~~

TITLE ~~D~~ Delete
 NAME ~~HYLAND, STEVEN~~
 STREET ADDRESS ~~2840 INGERSOLL~~
 CITY-ST-ZIP ~~DES MOINES IA 50312~~

TITLE **P** Delete
 NAME **PIPER/BACH, ELIZABETH**
 STREET ADDRESS **2840 INGERSOLL**
 CITY-ST-ZIP **DES MOINES IA 50312**

TITLE **D** Delete
 NAME **SCHULER, STEVEN T.**
 STREET ADDRESS **400 LOCUST, STE 200**
 CITY-ST-ZIP **DES MOINES IA 50312**

TITLE ~~D~~ Delete
 NAME ~~TRACY, MICHAEL~~
 STREET ADDRESS ~~2840 INGERSOLL~~
 CITY-ST-ZIP ~~DES MOINES IA 50312~~

TITLE **D** Delete
 NAME **ELLWELL, DAVID E**
 STREET ADDRESS **910 E. FIRST STREET**
 CITY-ST-ZIP **ANKENY IA 50021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** Change Addition
 NAME **Scott Bettis**
 STREET ADDRESS **2840 Ingersoll Ave**
 CITY-ST-ZIP **Des Moines, IA 50312**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** Change Addition
 NAME **Steven Blazek**
 STREET ADDRESS **2840 Ingersoll Ave**
 CITY-ST-ZIP **Des Moines, IA 50312**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 207, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Piper/Bach
 578100
 150⁰⁰1-12-00

Date

Daytime Phone #

515-237-5275