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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **F93000002993**

1. Corporation Name
D V TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
436 G AVENUE. N.W. CEDAR RAPIDS IA 52405	436 G AVENUE. N.W. CEDAR RAPIDS IA 52405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/29/1993

2. Principal Place of Business	2a. Mailing Address
21 838 1ST ST NW	26 PO BOX 74042
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CEDAR RAPIDS IA	City & State 28 CEDAR RAPIDS IA
Zip 24 52405 Country 25 USA	Zip 29 52407 Country 30 USA

4. FEI Number: 42-1392652 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE	DIRECTOR ONLY	☒ Change ☐ Addition
NAME	BLOOMHALL, WILLIAM A II		1.2 NAME		
STREET ADDRESS	436 G AVENUE N.W.		1.3 STREET ADDRESS	838 1ST ST NW	
CITY-ST-ZIP	CEDAR RAPIDS IA 52403		1.4 CITY-ST-ZIP	CEDAR RAPIDS IA 52405	
TITLE	DVS	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BLOOMHALL, JOHN C		2.2 NAME		
STREET ADDRESS	436 G AVENUE N.W.		2.3 STREET ADDRESS	838 1ST ST NW	
CITY-ST-ZIP	CEDAR RAPIDS IA 52403		2. 4 CITY-ST-ZIP	CEDAR RAPIDS IA 52405	
TITLE	DT	☐ DELETE	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	FAGANEL, PAUL R		3.2 NAME		
STREET ADDRESS	436 G AVENUE N.W.		3.3 STREET ADDRESS	838 1ST ST NW	
CITY-ST-ZIP	CEDAR RAPIDS IA 52403		3.4. CITY-ST-ZIP	CEDAR RAPIDS IA 52405	
TITLE	VPFD	☐ DELETE	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	LUUKKONEN MICHAEL J.		4. 2 NAME		
STREET ADDRESS	436 G AVENUE NW		4.3 STREET ADDRESS	838 1ST ST NW	
CITY-ST-ZIP	CEDAR RAPIDS IA		4.4 CITY-ST-ZIP	CEDAR RAPIDS IA 52405	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ MICHAEL J. LUUKKONEN 3/24/99 319-366-0746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034.(1.1/98)