FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:30

DOCUMENT # F93000004121 (0)

1. Corporation Name
LOCUST STREET SECURITIES, INC.

Principal Place of Business	Mailing Address
699 WALNUT ST 20TH FLOOR DES MOINES IA 50309 US	P.O. BOX 1635 DES MOINES IA 50306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1993
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 42-0939487 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired XX $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	BERKSON, EDWARD J	1.2 NAME		
STREET ADDRESS	3420 BRIAR RIDGE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST DES MOINES IA 50265	1.4 CITY-ST-ZIP		
TITLE	AS	2.1 TITLE		☐ Change ☐ Addition
NAME	WELP, CHRISTOPHER R	2.2 NAME		
STREET ADDRESS	5909 SNYDER AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50322	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	LINDBERG, KARL S	3.2 NAME		
STREET ADDRESS	8204 HAMMON TREE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	URBANDALE IA 50322	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	HARGENS, DENNIS D	4.2 NAME	Schwickerath, Merle	
STREET ADDRESS	1001 ROBIN GLEN	4.3 STREET ADDRESS	501 SE 6th	
CITY-ST-ZIP	INDIANOLA IA 50125	4.4 CITY-ST-ZIP	Ankeny, IA 50021	
TITLE	C	5.1 TITLE	Removed as Director	☒ Change ☐ Addition
NAME	~~LUHRS, JAMES E~~	5.2 NAME		
STREET ADDRESS	~~2801 GLENWOOD DRIVE~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~DES MOINES IA 50321~~	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHLAACK, PAUL R	6.2 NAME	Hubbell, Fred S.	
STREET ADDRESS	532 VALLEY WEST COURT	6.3 STREET ADDRESS	2804 Ridge Road	
CITY-ST-ZIP	WEST DES MOINES IA	6.4 CITY-ST-ZIP	Des Moines, IA 50312	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 J. Berkson 1/16/95 (515) 245-6853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480067 FN