FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000004121 (0)**

1. Corporation Name
LOCUST STREET SECURITIES, INC.

Principal Place of Business
699 WALNUT ST
20TH FLOOR
DES MOINES IA 50309
US

Mailing Address
P.O. BOX 1635
DES MOINES IA 50306

3. Date Incorporated or Qualified: **09/10/1993**
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **42-0938487** ☐ Applied For ☐ Not Applicable

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 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: (Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	BERKSON, EDWARD J	1 NAME	
STREET ADDRESS	3420 BRIAR RIDGE ROAD	1 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50265	1 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	WELP, CHRISTOPHER R	2 NAME	
STREET ADDRESS	5909 SNYDER AVENUE	2 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50322	2 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	LINDBERG, KARL S	3 NAME	
STREET ADDRESS	8204 HAMMON TREE DRIVE	3 STREET ADDRESS	
CITY-ST-ZIP	URBANDALE IA 50322	3 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	SCHWICKERATH, MERLE	4 NAME	
STREET ADDRESS	501 SE 6TH	4 STREET ADDRESS	
CITY-ST-ZIP	ANKENY IA	4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	HUBBELL, FRED S.	5 NAME	
STREET ADDRESS	2804 RIDGE ROAD	5 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	5 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME	SCHLAACK, PAUL R	6 NAME	
STREET ADDRESS	532 VALLEY WEST COURT	6 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	6 CITY-ST-ZIP	

CR2E034 (12/95)

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 1/17/96 (515)245-6853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number