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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 50306-1635



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/10/1993

3a. Date of Last Report

01/25/1996

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

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 typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BERKSON, EDWARD J  
STREET ADDRESS 3420 BRIAR RIDGE ROAD  
CITY - ST - ZIP WEST DES MOINES IA 50285

TITLE AS ☐ DELETE

NAME WELP, CHRISTOPHER R  
STREET ADDRESS 5909 SNYDER AVENUE  
CITY - ST - ZIP DES MOINES IA 50322

TITLE S ☐ DELETE

NAME LINDBERG, KARL S  
STREET ADDRESS 8204 HAMMON TREE DRIVE  
CITY - ST - ZIP URBANDALE IA 50322

TITLE T ☐ DELETE

NAME SCHWICKERATH, MERLE  
STREET ADDRESS 501 SE 6TH  
CITY - ST - ZIP ANKENY IA

TITLE D ☐ DELETE

NAME HUBBELL, FRED S.  
STREET ADDRESS 2804 RIDGE ROAD  
CITY - ST - ZIP DES MOINES IA

TITLE D ☐ DELETE

NAME SCHLAACK, PAUL R  
STREET ADDRESS 532 VALLEY WEST COURT  
CITY - ST - ZIP WEST DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97 (515) 282-5867

CR2E034 (9/96)