

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90154 047 ***150.00

0667695 AB

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1. Entity Name
LOCUST STREET SECURITIES, INC.

Principal Place of Business
**909 LOCUST STREET
20TH FLOOR
DES MOINES IA 50309
US**

Mailing Address
**P.O. BOX. 9270
DES MOINES IA 50306
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **42-0938487**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COBD** ☐ Delete
NAME **JOHN, SIMMERS**
STREET ADDRESS **3424 PEACHTREE RD NE**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **LINDBERG, KARL S**
STREET ADDRESS **8204 HAMMON TREE DRIVE**
CITY-ST-ZIP **URBANDALE IA 50322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☒ Delete
NAME **CONLEY, JACQUELINE**
STREET ADDRESS **210 S. PRAIRIE VIEW #537**
CITY-ST-ZIP **WEST DES MOINES IA 50265**

TITLE ☒ Change ☐ Addition
NAME **Jacqueline Conley**
STREET ADDRESS **2024-NW 157th ST**
CITY-ST-ZIP **CLIVE IA 50325**

TITLE **TVPF** ☐ Delete
NAME **LARAIA, KEVIN**
STREET ADDRESS **1506 NE MICHEAL DRIVE**
CITY-ST-ZIP **ANKENY IA 50021**

TITLE ☐ Change ☒ Addition
NAME **VP Christopher CoKins**
STREET ADDRESS **1321 Gandy Hill RD**
CITY-ST-ZIP **MILOTHIAN VA 23114.**

TITLE **VPBD** ☐ Delete
NAME **STEPHENS, LYNN**
STREET ADDRESS **4708 TAMARA LANE**
CITY-ST-ZIP **WEST DES MOINES IA 50265**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPSM** ☐ Delete
NAME **STYCH, KEVIN**
STREET ADDRESS **1906 NE LANCASTER**
CITY-ST-ZIP **ANKENY IA 50021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02
Date

315-646-7380
Daytime Phone #

CR2E034 (10/02)