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May 02 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 # F93000005051 (8)

1. Corporation Name
AMERUS PROPERTIES, INC.



Principal Place of Business
4949 WESTOWN PARKWAY
245
WEST DES MOINES IA 50266
US

Mailing Address
4949 WESTOWN PARKWAY
SUITE 245
WEST DES MOINES IA 50266-6704
US

2. Principal Place of Business

21 699 Walnut
Suite, Apt. #, etc.

22 Suite 1700
City & State

23 Des Moines, IA
Zip Country

24 50309-3945 25 U.S.

2a. Mailing Address

26 699 Walnut
Suite, Apt. #, etc.

27 Suite 1700
City & State

28 Des Moines, IA
Zip Country

29 50309-3945 30 U.S.

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

11/08/1993

3a. Date of Last Report

04/04/1996

4. FEI Number

42-1355396

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KNAPP, WILLIAM C II
STREET ADDRESS 5221 NW 70TH PLACE
CITY-ST-ZIP JOHNSTON IA 50131

TITLE V
NAME LANGPAUL, ROGER W
STREET ADDRESS 14162 WEST POINTE DRIVE
CITY-ST-ZIP CLIVE IA

TITLE GCS
NAME DAVIDSON, DIANE M
STREET ADDRESS 913 48TH STREET
CITY-ST-ZIP WEST DES MOINES IA 50265

TITLE VT
NAME HARRIS, GENE
STREET ADDRESS 225 SOUTH 27TH STREET
CITY-ST-ZIP WEST DES MOINES IA 50265

TITLE V
NAME OSTER, EVAN L
STREET ADDRESS 7205 TWANA DRIVE
CITY-ST-ZIP URBANDALE IA

TITLE AS
NAME ANDREINI, LINDA
STREET ADDRESS 1104 RAPIDS
CITY-ST-ZIP ADEL IA 50003

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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]*

2/25/97

5/15/3102-31000

CR2E034 (9/96)