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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90283 020 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005051

1. Corporation Name

AMERUS PROPERTIES, INC.

Principal Place of Business

699 WALNUT
1700
DES MOINES IA 50309-3945
US

Mailing Address

699 WALNUT
1700
DES MOINES IA 50309-3945
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GODLASKY, THOMAS C**
CITY-ST-ZIP **1516 S 42ND STREET**
WEST DES MOINES IA 50265

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **HARRIS, GENE C**
CITY-ST-ZIP **225 S 27TH STREET**
WEST DES MOINES IA 50265

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **DAVIDSON, DRANE M**
CITY-ST-ZIP **913 48TH STREET**
WEST DES MOINES IA 50265

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **TRIPLETT, LISA A**
CITY-ST-ZIP **6175 CALB DRIVE**
WEST DES MOINES IA 50266

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VP**
1.3 STREET ADDRESS **Matthew G. Harey**
1.4 CITY-ST-ZIP **13814 Hawthorn Dr.**
Clive, IA 50325

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VP**
2.3 STREET ADDRESS **Dale F. Helling**
2.4 CITY-ST-ZIP **5608 Pammel Pl**
West Des Moines, IA 50266

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Davidson, Diane M**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **6175 Colt Drive**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **James A. McClarnon**
5.3 STREET ADDRESS **VP**
5.4 CITY-ST-ZIP **304 Trevor Court**
Normal, IA 50211

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

515-362-3611

CR2E034 (11/98)