

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005051

1. Entity Name

AMERUS PROPERTIES, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90276 039 ***150.00

Principal Place of Business 699 WALNUT 1700 DES MOINES IA 50309-3945 US	Mailing Address 699 WALNUT 1700 DES MOINES IA 50309-3945 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 42-1355396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GODLASKY, THOMAS C	
STREET ADDRESS	1516 S 42ND STREET	
CITY-ST-ZIP	WEST DES MOINES IA 50265	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIS, GENE C	
STREET ADDRESS	225 S 27TH STREET	
CITY-ST-ZIP	WEST DES MOINES IA 50265	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, DIANE M	
STREET ADDRESS	913 48TH STREET	
CITY-ST-ZIP	WEST DES MOINES IA 50265	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRIPLETT, LISA A	
STREET ADDRESS	6175 COLT DR	
CITY-ST-ZIP	WEST DES MOINES IA 50266	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCLARRON, JAMES A	
STREET ADDRESS	304 TREVOR COURT	
CITY-ST-ZIP	NORWALK TA 50211	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HELLING, DALE F	
STREET ADDRESS	5608 POMMEL PL	
CITY-ST-ZIP	WEST DES MOISES IA 50266	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	with Stacy	
STREET ADDRESS	699 Walnut Street, Suite 1700	
CITY-ST-ZIP	Des Moines, Iowa 50309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew D. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 515-362-3610
Date Daytime Phone #