FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000764 (0)**

1. Current Name

SANDOZ AGRO, INC.

Previous Principal Address

1300 EAST TOUHY AVENUE
DES PLAINES IL 60018

Mailing Address

1300 EAST TOUHY AVENUE
DES PLAINES IL 60018

(Do Not Write In This Space)

3. Date Incorporated / Qualified: 02/16/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 36-3430396 — Applied For / Not Applicable

State Acct. # (if any)
22

State Acct. # (if any)
27

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

City, State
23

City, State
28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

City
24

County
25

City
29

County
30

8. This corporation has paid, or intends to pay, taxes under Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPROATION 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 Section 607.1622, 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	TITLE	Secretary ☐ Change ☒ Addition
NAME	MILLER, DALE A	NAME	Robin DeMouth
STREET ADDRESS	1300 E. TOUHY AVENUE	STREET ADDRESS	1300 E. TOUHY AVE
CITY-ST-ZIP	DES PLAINES IL	CITY-ST-ZIP	DES PLAINES, IL. 60018
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	IMHOF, HEINZ	NAME	
STREET ADDRESS	608 5TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	SCHWEIZER, ROLF W	NAME	
STREET ADDRESS	SANDOZ LT., CH-4002	STREET ADDRESS	
CITY-ST-ZIP	BASLE, SWITZERLAND	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	LOESSER, ROLAND	NAME	
STREET ADDRESS	608 5TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SCHELLING, HANSPETER	NAME	
STREET ADDRESS	SANDOZ AGRO LTD., CH-4002	STREET ADDRESS	
CITY-ST-ZIP	BASLE, SWITZERLAND	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	GILBERT III, ARTHUR B	NAME	
STREET ADDRESS	1300 E. TOUHY AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL	CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with the above changes, additions and deletions for the corporation named in Section 1 of this Florida Profit Corporation Annual Report for the above stated year 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 with an asterisk.

SIGNATURE: [signature] 4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0467718 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -1 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000883 (8)**

1. Corporation Name

THE PRINCIPAL/AMERICA'S HEALTH PLAN, INC.

Principal Place of Business	Mailing Address
711 HIGH STREET DES MOINES IA 50392-0300	711 HIGH STREET DES MOINES IA 50392-0300

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **02/22/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **52-1806976** ☐ 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. Does corporation qualify for exemption under § 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT 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 Section(s) 607.0505 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. Each 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: _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	D		☐ Change ☐ Addition
Name	CAIN, GARY M		
Street Address	4312 75TH ST.		
City, St, Zip	URBANDALE IA 50322		
Title	VP	D	☒ Change ☐ Addition
Name	LINDE, KENNETH J		
Street Address	9435 REACH ROAD		
City, St, Zip	POTOMAC MD 20854		
Title	D	D/P	☒ Change ☐ Addition
Name	[illegible]	Burrows, Gregory D	
Street Address	[illegible]	20506 Addenbrook Way	
City, St, Zip	[illegible]	Laytonsville, MD 20879	
Title	D	D	☒ Change ☐ Addition
Name	[illegible]	Charling, James C	
Street Address	[illegible]	2728 Antelope Run	
City, St, Zip	[illegible]	Adel, IA 50003	
Title	D	Johnson, Ronald C D	☒ Change ☐ Addition
Name	[illegible]	2753 Aurora	
Street Address	[illegible]	Des Moines, IA 50310	
City, St, Zip	[illegible]		
Title	VP		☒ Change ☒ Addition
Name	[illegible]	See Attachment A	
Street Address	[illegible]		
City, St, Zip	[illegible]		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 below authorizes 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 above, or on an attachment with an address.

SIGNATURE: Joyce N. Hoffman — 4-19-95 — 515/247-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Joyce N. Hoffman, Vice President & Corporate Secretary

0385062 CP

FOIA-883 2

ATTACHMENT A
AMERICA'S HEALTH PLAN, INC.

DIRECTORS

Name	Address
Gregory Burrows* 086-56-1880	20506 Addenbrook Way Laytonsville, MD 20879
Gary M. Cain 482-52-2575	4312 75th Street Urbandale, IA 50322
James C. Charling 507-62-7650	2728 Antelope Run Adel, IA 50003
Ronald C. Johnson 484-48-0057	2753 Aurora Des Moines, IA 50310
Kenneth J. Linde** 141-38-3580	9435 Reach Road Potomac, MD 20854

OFFICERS

Title	Name	Address
President & CEO	Gregory J. Burrows* 086-56-1880	20506 Addenbrook Way Laytonsville, MD 20879
Chief Operating Officer	John B. Maas* 569-74-4259	17332 Fetchall Road Poolesville, MD 20837
Chief Financial Officer & Treasurer	Eduardo V. Feito* 262-92-6231	12220 Heather Way Herndon, VA 22070
Vice President and Corporate Secretary	Joyce N. Hoffman 481-64-3222	5834 Pleasant Drive Des Moines, IA 50312
Assistant Corporate Secretary	Mary L. Bricker 484-80-1538	920 - 29th Street Des Moines, IA 50312
Assistant Treasurer	Jerry G. Wisgerhof 479-44-5583	7113 Twana Drive Urbandale, IA 50322

FCIL-833

3

Counsel	Gregg R. Narber 481-56-4721	309 Jordan Drive W. Des Moines, IA 50265

Business Address: 711 High Street, Des Moines, IA 50392

Business Address: 2275 Research Boulevard, Rockville, MD 20850*

Business Address: 1801 Rockville Pike, Suite 601, Rockville, MD 20852**

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

[illegible] -1 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001001 (6)

1. Corporate Name

WARNE FIBRE PRODUCTS, INC.

Principal Place of Business: P.O. BOX 264, LITTLEFIELD TX 79339

Mailing Address: P O BOX 264, LITTLEFIELD TX 79339

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
21 —
22 Suite, Apt. # etc. —
23 City & State —
24 — 25 —

2a. Mailing Address:
26 1501 SW 16 AVE
27 Suite, Apt. # etc. —
28 City & State: MIAMI FL
29 33145 30 County: DADE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

4. FEI Number: 75-2347885 ☐ 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

9. Name and Address of Current Registered Agent

LARACH, ENRIQUE
6824 N.W. 77TH CT.
MIAMI FL 33166

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 617.0502, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WARNE, BILL
STREET ADDRESS	237 E. 23RD ST.
CITY-ST-ZIP	LITTLEFIELD TX 79339
TITLE	VD
NAME	RENDINA, THOMAS E
STREET ADDRESS	45 PLANTATION DR.
CITY-ST-ZIP	DUXBURY MA 02332
TITLE	STD
NAME	WARNE, GLENN S
STREET ADDRESS	3033 SUNSET HILL DR.
CITY-ST-ZIP	WEST COVINA CA 91791
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: (blank; ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] ENRIQUE LARACH 5/1/95 592-4878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

0490774 FN