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FILED
Apr 24 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 # F94000002920 (6)

1. Corporation Name

AMERICAN LAND TITLE CO., INC.



Principal Place of Business

814 S. 19TH ST.
OMAHA NE 68102

Mailing Address

405 SW 5TH STREET
ATTN: UN5874
DES MOINES IA 50309-4600
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

US

2a. Mailing Address

26 405 SW 5th Street

Suite, Apt. #, etc.

27 MS122481

City & State

28

Zip

29 50328

Country

30

3. Date Incorporated or Qualified

06/03/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

47-0604365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MCDONALD, ROBERT R
101 E. COLLEGE AVE.
TALLAHASSEE FL 32301

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 PD
FAHEY, MICHAEL G
STREET ADDRESS 314 S. 19TH ST.
CITY-ST-ZIP OMAHA NE 68102

TITLE ☐ DELETE

NAME VP
TONTI, JUDITH K
STREET ADDRESS 405 S.W. 5TH ST., UN5874
CITY-ST-ZIP DES MOINES IA 50328

TITLE ☐ DELETE

NAME SD
MORRISON, STEPHEN D
STREET ADDRESS 405 S.W. 5TH ST.
CITY-ST-ZIP DES MOINES IA 50328

TITLE ☐ DELETE

NAME VT
JONES, ALTA
STREET ADDRESS 405 SW 5TH ST.
CITY-ST-ZIP DES MOINES IA 50328

TITLE ☐ DELETE

NAME DC
KELLER, MICHAEL J
STREET ADDRESS 405 S.W. 5TH ST.
CITY-ST-ZIP DES MOINES IA 50328

TITLE ☐ DELETE

NAME VP
BENNET, STEPHEN D
STREET ADDRESS 405 S.W. 5TH ST., UN5874
CITY-ST-ZIP DES MOINES IA 50328

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

405 SW 5th Street, MS122481

V/S

405 SW 5th Street, MS122457

Robert Chapman
405 SW 5th Street, MS122473

Richard Malloy

405 SW 5th Street

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:

Judith K. Tonti

4/14/97

(515) 221-7518

CR2E034 (9/96)