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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

314 S. 19TH ST.
OMAHA NE 68102

Mailing Address

405 SW 5TH ST
MS122481
DES MOINES IA 50328
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

47-0604365

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME Richard F. Malloy
1.3 STREET ADDRESS 405 S.W. 5th St., MS 122459
1.4 CITY-ST-ZIP Des Moines, IA ☒ Change ☐ Addition

TITLE VP
NAME TONTI, JUDITH K
STREET ADDRESS 405 SW 5TH ST, MS122481
CITY-ST-ZIP DES MOINES IA ☐ DELETE

2.1 TITLE
2.2 NAME Steven D. McClelland
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VS
NAME MORRISON, STEPHEN D
STREET ADDRESS 405 SW 5TH ST, MS122457
CITY-ST-ZIP DES MOINES IA ☐ DELETE

3.1 TITLE VSD
3.2 NAME James M. Strother
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VT
NAME CHAPMAN, ROBERT
STREET ADDRESS 405 SW 5TH ST, MS122473
CITY-ST-ZIP DES MOINES IA ☐ DELETE

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

TITLE DC
NAME MALLOY, RICHARD
STREET ADDRESS 405 S.W. 5TH ST.
CITY-ST-ZIP DES MOINES IA ☒ DELETE

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

TITLE VP
NAME BENNET, STEPHEN D
STREET ADDRESS 405 SW 5TH ST
CITY-ST-ZIP DES MOINES IA ☒ DELETE

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

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.

SIGNATURE:

4/15/98

(515)221-7518

CR2E034 (10/97)