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Apr 29 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 # F94000003280 (4)

1. Corporation Name
PREFERRED RISK FINANCIAL, INC.

Principal Place of Business

1111 ASHWORTH RD.
WEST DES MOINES IA 50265

Mailing Address

1111 ASHWORTH RD.
WEST DES MOINES IA 50265-3544



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

42-1409998

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

SUMNER, VIRGINIA
8900 N. ARMENIA
SUITE 302
TAMPA FL 33604

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 DC
PLUNK, ROBERT M
STREET ADDRESS 1111 ASHWORTH RD.
CITY-ST-ZIP WEST DES MOINES IA

TITLE ☒ DELETE

NAME V
KELLEY, JACK
STREET ADDRESS 1111 ASHWORTH RD.
CITY-ST-ZIP WEST DES MOINES IA

TITLE ☐ DELETE

NAME ST
VANDERAH, PHIL
STREET ADDRESS 1111 ASHWORTH RD.
CITY-ST-ZIP WEST DES MOINES IA 50265

TITLE ☐ DELETE

NAME P
HANSEN, DARRYL D
STREET ADDRESS 2085 SOUTH 4TH ST
CITY-ST-ZIP WEST DES MOINES IA

TITLE ☒ DELETE

NAME VD
WEILER, MICHAEL
STREET ADDRESS 1111 ASHWORTH RD.
CITY-ST-ZIP WEST DES MOINES IA 50265

TITLE ☐ DELETE

NAME VD
BALLEW, GLENN
STREET ADDRESS 1111 ASHWORTH RD.
CITY-ST-ZIP WEST DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice-President, Secretary, General Counsel ☐ Change ☒ Addition

1.2 NAME Farr, Thomas C.
1.3 STREET ADDRESS 1111 Ashworth Road
1.4 CITY-ST-ZIP West Des Moines, IA 50265-3538

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Brian J. Hughes
2.3 STREET ADDRESS 1111 Ashworth Road
2.4 CITY-ST-ZIP West Des Moines, IA 50265-3538

3.1 TITLE Treasurer, Director ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE President, Director ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 1111 Ashworth Road
4.4 CITY-ST-ZIP West Des Moines, IA 50265-3538

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

[Signature]

3/2/97

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CR2E034 (9/96)