8

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000065840

1. Entity Name
BH EQUITIES, INC.

FILED
02 OCT -4 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008339871--8
-10/11/02--01065--016
****550.00 ****550.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
400 Locust Street	400 Locust Street
Suite, Apt. #, etc.: Suite 690	Suite, Apt. #, etc.: Suite 690
City & State: Des Moines, Iowa	City & State: Des Moines, Iowa
Zip: 50309-2331 Country: USA	Zip: 50309-2331 Country: USA

4. FEI Number: 42-1371704 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation **FL** Zip Code: 33324

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: Connie Bogan Connie Bogan Special Asst Sec. 10-4-02
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PM
NAME	Harry Bookey
STREET ADDRESS	400 Locust Street, Ste. 690
CITY-ST-ZIP	Des Moines, Iowa 50309-2331

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (515)244-2622 10/3/02 PW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harry Bookey

CR2E034B (12/01)

FL210 - 2/26/2002 C T System Online