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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000000191 (5)**

1. Corporation Name

VALUATION INFORMATION TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
405 SW 5TH ST., #5874 DES MOINES IA 50309	405 SW 5TH ST., #5874 DES MOINES IA 50309

3. Date Incorporated or Qualified: **01/12/1995**
3a. Date of Last Report:

2. Principal Place of Business 21		2a. Mailing Address 26 405 S.W. 5th St.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 UN5874	
City & State 23		City & State 28 Des Moines, IA	
Zip 24	Country 25	Zip 29 50328	Country 30 Polk

4. FEI Number: **42-1430119** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 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: _____ DATE _____
Signature, typed or printed name of registered agent and the date signed (NOTE: Registered Agent signature required when adding, changing or deleting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition	000001808880 -05/06/96--01029--030 ***200.00
NAME	RINGLER, DIANE		1 2 NAME		
STREET ADDRESS	801 NICOLETT MALL, #1200 E		1 3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55402		1 4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2 1 TITLE	☒ Change ☐ Addition	
NAME	MORRISON, STEPHEN D		2 2 NAME		
STREET ADDRESS	405 SW 5TH ST.		2 3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		2 4 CITY-ST-ZIP		Des Moines, IA 50328
TITLE	DC	☐ DELETE	3 1 TITLE	☒ Change ☐ Addition	
NAME	KELLER, MIKE		3 2 NAME		
STREET ADDRESS	405 SW 5TH ST.		3 3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		3 4 CITY-ST-ZIP		Des Moines, IA 50328
TITLE	VCEO	☐ DELETE	4 1 TITLE	☒ Change ☐ Addition	
NAME	JONES, ALTA J		4 2 NAME		
STREET ADDRESS	405 SW 5TH ST.		4 3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		4 4 CITY-ST-ZIP		Des Moines, IA 50328
TITLE	VC	☐ DELETE	5 1 TITLE	☒ Change ☐ Addition	
NAME	KURT, PAT		5 2 NAME		
STREET ADDRESS	405 SW 5TH ST.		5 3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		5 4 CITY-ST-ZIP		Des Moines, IA 50328
TITLE	S	☒ DELETE	6 1 TITLE	☐ Change ☒ Addition	VP
NAME	SANDSTROM, HARRY		6 2 NAME		Judith K. Tonti
STREET ADDRESS	405 SW 5TH ST.		6 3 STREET ADDRESS		405 SW 5th Street, UN5874
CITY-ST-ZIP	DES MOINES IA 50309		6 4 CITY-ST-ZIP		Des Moines, IA 50328

5-1-96 OR

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: _____ Alta J. Jones, SR VP & CFO 4/22/96 (515) 237-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)