

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # F95000000191 (5)

1. Corporation Name

VALUATION INFORMATION TECHNOLOGY, INC.



Principal Place of Business

Mailing Address

405 SW 5TH ST., #5874
DES MOINES IA 50328

405 SW 5TH ST., #5874
DES MOINES IA 50309-4600

2. Principal Place of Business

2a. Mailing Address

21 405 SW 5th Street

26 405 SW 5th Street

22 Suite, Apt. #, etc.
MS122481

27 Suite, Apt. #, etc.
MS122481

23 City & State

28 City & State

24 Zip

Country

25 US

29 Zip

Country

30 50328

31 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 P ☐ DELETE

NAME RINGLER, DIANE
STREET ADDRESS 801 NICOLETT MALL, #1200 E
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE VS ☐ DELETE

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

TITLE DC ☐ DELETE

NAME KELLER, MIKE
STREET ADDRESS 405 SW 5TH ST.
CITY-ST-ZIP DES MOINES IA 50328

TITLE VCEO ☐ DELETE

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

TITLE VC ☐ DELETE

NAME KURT, PAT
STREET ADDRESS 405 SW 5TH ST.
CITY-ST-ZIP DES MOINES IA 50328

TITLE VP ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Patty Parden

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V/S/D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 405 SW 5th Street, MS122457

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Richard Malloy

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Robert Chapman
4.3 STREET ADDRESS 405 SW 5th Street, MS122473

4.4 CITY-ST-ZIP

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

405 SW 5th Street, MS122481

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 TONTI

4/14/97

(515)221-7518

CR2E034 (9/96)