2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# F95000001031

Entity Name: TRADEMARK & ASSOCIATES, INCORPORATED

Current Principal Place of Business:

2900 JUSTIN DRIVE-SUITE B
URBANDALE, IA 50322

New Principal Place of Business:

2190 NW 82ND STREET
SUITE 4
CLIVE, IA 50325

Current Mailing Address:

453 S.E. SUNNYDALE LANE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 42-1338451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BESTOR, DEBORAH M
453 SE SUNNYDALE LANE
PORT ST. LUCIE, FL 34983

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BESTOR, DON H JR
Address: 4835 LAKEWOOD DRIVE
City-St-Zip: NORWALK, IA 50211

Title: V ( ) Delete
Name: BESTOR, DEBORAH M
Address: 453 S.E. SUNNYDALE LANE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: T ( ) Delete
Name: SCHWARTZ, JILL
Address: P.O. BOX 24 NA
City-St-Zip: AMES, IA 50010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON H BESTOR JR P 03/29/2004

Electronic Signature of Signing Officer or Director — Date