

2-24-98 B245D C  
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FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001630 (1)

1. Corporation Name

TRI-MERICA SECURITIES CORPORATION

Principal Place of Business

1206 MULBERRY  
DES MOINES IA 50309

Mailing Address

1206 MULBERRY  
DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1995

4. FEI Number

42-1206074

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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	PD	<input type="checkbox"/> DELETE
NAME	SCHERRMAN, MICHAEL E	
STREET ADDRESS	1206 MULBERRY	
CITY-ST-ZIP	DES MOINES IA 50309	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HALFERTY, KATHY	
STREET ADDRESS	1206 MULBERRY	
CITY-ST-ZIP	DES MOINES IA 50309	

TITLE	TAS	<input type="checkbox"/> DELETE
NAME	PRIBYL, BRIAN	
STREET ADDRESS	1206 MULBERRY	
CITY-ST-ZIP	DES MOINES IA 50309	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FAIR, NORMAN	
STREET ADDRESS	1206 MULBERRY	
CITY-ST-ZIP	DES MOINES IA 50309	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GLEESON, SHANE	
STREET ADDRESS	1206 MULBERRY	
CITY-ST-ZIP	DES MOINES IA 50309	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTKIEWICZ, RON	
STREET ADDRESS	1206 MULBERRY	
CITY-ST-ZIP	DES MOINES IA 50309	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scherrman, Michael	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas Gualdoni	
2.3 STREET ADDRESS	1206 mulberry	
2.4 CITY-ST-ZIP	Des Moines IA 50309	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Kathy Halferty* Kathy Halferty 2-18-98 515-282-4039

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