

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90192 021 ***150.00

DOCUMENT # F95000005975

1. Corporation Name

LIBERTY BELL LEASING COMPANY

Principal Place of Business

4201 WESTOWN PKWY., #122
WEST DES MOINES IA 50266-6734

Mailing Address

4201 WESTOWN PKWY., #122
WEST DES MOINES IA 50266-6734

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1995

4. FEI Number

42-1404846

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4201 Westown Pkwy

Suite, Apt. #, etc.

22 Suite # 322

City & State

23 West Des Moines, IA

Zip

24 50266-6734

Country

25 POLK

2a. Mailing Address

26 4201 Westown Pkwy

Suite, Apt. #, etc.

27 Suite 322

City & State

28 West Des Moines, IA

Zip

29 50266-6734

Country

30 POLK

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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 ☐ DELETE

NAME CRAWFORD, WILLIAM

STREET ADDRESS 4201 WESTOWN PKWY., #122

CITY-ST-ZIP WEST DES MOINES IA 50266-6734

TITLE V ☐ DELETE

NAME LYON, DAVID

STREET ADDRESS 4201 WESTOWN PKWY., #122

CITY-ST-ZIP WEST DES MOINES IA 50266-6734

TITLE DC ☐ DELETE

NAME OLSON, RUSS

STREET ADDRESS 4201 WESTOWN PKWY., #122

CITY-ST-ZIP WEST DES MOINES IA 50266-6734

TITLE MGR ☐ DELETE

NAME CADE, ARDI

STREET ADDRESS 4201 WESTOWN PKWY., #122

CITY-ST-ZIP WEST DES MOINES IA 50266-6734

TITLE D ☒ DELETE

NAME COOK, TODD

STREET ADDRESS 4201 WESTOWN PKWY., #122

CITY-ST-ZIP WEST DES MOINES IA 50266

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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

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, with all other like empowered.

SIGNATURE:

Ardys Cade

Ardys Cade Operations Mgr

2/4/99

515-226-8828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)