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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # F96000003325 (5)

Block 12 or Block 13 if changed, or on an attachment with an address.

RINDERKNECHT ASSOCIATES, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1000 29TH AVE 8W 1000 29TH AVE SW CEDAR RAPIDS IA 52404 CEDAR RAPIDS IA 52404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 P.O. BOX 369 42-0959632 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional ГТ 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 26 CEDAR RAPIDS, IA 23 Trust Fund Contribution Added to Fees Country Zin Country 8. This corporation owes or has paid the current year Intangible X Yes □ No Personal Property Tax due June 30. 24 52406 USA 25 29 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typod or printed name of registered apost and the it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DVS DELETE Change Addition TITLE 1.1 THLE FRIAUF, GERALD F NAME 1.2 NAME 1000 29TH AVE SW STREET ADDRESS 1.3 STREET ADDRESS **CEDAR RAPIDS IA** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE DCP 2.1 TITLE FLAGEL, LAVERNE W 2.2 NAME NAME 1000 29TH AVE SW STREET ADDRESS 2.3 STREET ADDRESS **CEDAR RAPIDS IA 52404** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **DOUGLASS, STEVEN T** 3.2 NAME NAME 1000 29TH AVE SW STREET ADDRESS 3.3 STREET ADDRESS **CEDAR RAPIDS IA** CITY-ST-ZIP 3.4. CITY-S1-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-S1-ZIP 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