2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2005 8:00 am Secretary of State DOCUMENT # F96000003325 05-04-2005 90145 035 ***150.00 RINDERKNECHT ASSOCIATES, INC. Principal Place of Business Mailing Address P O BOX 369 1000 29TH AVE SW **CEDAR RAPIDS IA 52404** CEDAR RAPIDS IA 52406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 42-0959632 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ٧Đ TITLE X Addition Delete SHEPHERD, KATHY L. KIBURZ, BRAD NAME NAME 1000 29TH AVE. S.W. 1000 29TH AVE SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA 52404 CEDAR RAPIDS, IA 52404 CITY-ST-7/P TITLE ☐ Delete TITLE Change X Addition FAY, JOSEPH P. NAME DEYARMAN, KERRY NAME 1000 29TH AVE. S.W. STREET ADDRESS 1000 29TH AVE SW STREET ADDRESS CEDAR RAPIDS, IA 52404 CITY-ST-ZIP CEDAR RAPIDS IA 52404 CITY-ST-ZIP Change Defete TITLE ☐ Addition DOUGLASS, STEVEN T. DOUGLASS, STEVEN T NAME 1000 29TH AVE. S.W. STREET ADDRESS 1000 29TH AVE SW STREET ADDRESS CEDAR RAPIDS, IA 52404 CITY-ST-7IP CITY-ST-ZIP CEDAR RAPIDS IA 52404 TITLE ■ Addition TIT: F ☐ Delete ☐ Change KRUG, EV NAME NAME FRIAUF, SCOTT F. 1000 29TH AVE SW 1000 29TH AVE. S.W. STREET ADDRESS STREET ADDRESS CEDAR RAPIDS, IA 52404 CEDAR RAPIDS IA 52404 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition AMOSSON, TOM NAME 1000 29TH AVE SW STREET ADDRESS STREET ADDRESS CEDAR RAPIDS IA 52404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Addition TITLE ☐ Change PARKER, GORDON NAME NAME 1000 29TH AVE SW STREET ADDRESS STREET ADDRESS CEDAR RAPIDS IA 52404 CITY-ST-7IP CITY-ST-ZIP

FILED

SIGNATURE: ___STEVEN T. DOUGLASS 4-29-05 (319) 366-7781 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

changed, or on an attachment with an address, with all other like empowered.

12. 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 report or supplemental 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 10 or Block 11 if