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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004650 (5)

ALLIED GROUP INFORMATION SYSTEMS, INC.

FILED Apr 08 1997 8:00am Secretary of State



		4.10								
Principal Place of Business Mailing Address							W M 111 M W 141 W 11	119 (1191 (1111	2017 1901	
701 5TH AVEN DES MOINES !	701 STH AVENUE DES MOINES IA 50391-(
						3. Date Incorporated or Qualified 09/11/1996	3a. Date	of Last R	eport	
2. Principal Place of Business						4. FEI Number	***********	Ar	oplied For	
26						42-1282857			Not Applicable	
Suite, Apt #, etc. 22 City & State 23		Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired			8.75 Additional Fee Required	
						Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to			
Zip	Country	Zip	Co	untry		8. This corporation has liability for in	ntangible ta	ax under s	199.032.	
	25	29	30			· · · · · · · · · · · · · · · · · · ·	_ ~	No		
14	9. Name and Address of Curre		·	T		10. Name and Address of New Re	latered A	gent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.					Name					
1201 HAYS STREET				82	Care est à el el	(D.O. Bay N In Man Annual	1-1			
	LAHASSEE FL 32301			82	Street Add	ress (P.O. Box Number is Not Acceptab	10)			
IAL	LA ROOLL IL SEUT			83		<u> </u>				
				84	City		FI	85 Zip	Code	
				ــــــــــــــــــــــــــــــــــــــ	<u>. </u>	poration submits this statement for the pation's board of directors. I hereby accept		<u> </u>		
12.	Stprature, typod or profest name of registered a OFFICERS A	ND DIRECTORS	13			ilred when reinstating) ADDITIONS/CHANGES TO OFFIC				
1111 F	P			1.1 TITLE			l	Change	Addition	
NAME	KANE, LARRY J			NAME						
STREET ADORESS					ADDRESS					
CITY - S1 - 7H	CEDAR RAPIDS IA	DELETE		CITY-S	T-ZIP			Change	Additio	
TITLE	V WEST C I			2.1 TITLE 2.2 NAME			·	change	L ACCITION	
NAME	WEST, C J 4401 WESTOWN PKWY STE	010			120000					
STREET ADDRESS	WEST DES MOINES IA	616			ADDRESS					
CHY-ST-ZIP TITLE	SD SD	DELETE		CHY-:	ST-ZIP			Change	Addition	
NAME	SHAFFER, JAMIE H	C) Section	1	NAME) Orlange	Addition	
SIREET ADORESS					ADDRESS					
CITY-ST-ZIF	DES MOINES IA		1	GITY-:	(
TITLE	CD	DELETE		TITLE	J. 611		T	Change	Addition	
NAME	EVANS, JOHN E			NAME			•			
STREET ADDRESS					ADDRESS					
CITY-ST-ZP	DES MOINES IA			CITY-S	1					
IIILE	D			51 TITLE			Ţ	Change	Addition	
NAME	MYERS, BOB O		5.2	NAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIF	DES MOINES IA		1	CITY - S	i i					
FILE	D	☐ DELETE		TITLE				Change	Additio	
NAME	ANDERSON BOUGHAS		•							
	ANDERSON, DOUGLAS L		62	NAME	1					
STREET ADDRESS					ADORESS					
STREET ADDRESS Dity - ST - Zip			6.3							

I do hereby certify that he 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 in this argual 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 direction of this 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 3 if changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPES OF PRINTED TAME OF SIGNING OFFICER OR DIRECTOR & DIRECTOR

515-280-4326