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May 01 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 # F96000004650 (5)

1. Corporation Name

ALLIED GROUP INFORMATION SYSTEMS, INC.

Principal Place of Business

701 5TH AVENUE  
DES MOINES IA 50391-2000

Mailing Address

701 5TH AVENUE  
DES MOINES IA 50391-2000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1996

4. FEI Number

42-1282857

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
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 P ☐ DELETE

NAME KANE, LARRY J  
STREET ADDRESS 1425 60TH STREET NE  
CITY-ST-ZIP CEDAR RAPIDS IA

TITLE V ☐ DELETE

NAME WEST, C J  
STREET ADDRESS 4401 WESTOWN PKWY STE 212  
CITY-ST-ZIP WEST DES MOINES IA

TITLE SD ☐ DELETE

NAME SHAFFER, JAMIE H  
STREET ADDRESS 701 5TH AVENUE  
CITY-ST-ZIP DES MOINES IA

TITLE CD ☐ DELETE

NAME EVANS, JOHN E  
STREET ADDRESS 701 5TH AVENUE  
CITY-ST-ZIP DES MOINES IA

TITLE D ☒ DELETE

NAME MYERS, BOB O  
STREET ADDRESS 701 5TH AVENUE  
CITY-ST-ZIP DES MOINES IA

TITLE D ☐ DELETE

NAME ANDERSON, DOUGLAS L  
STREET ADDRESS 701 5TH AVENUE  
CITY-ST-ZIP DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 52410-8000

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 50391-1007

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 50391-2000

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 50391-2000

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 790 Walnut Ridge Rd.  
5.3 STREET ADDRESS Waukeet, IA 50323  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME Andersen  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP 50391-2000

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:

Jamie H. Shaffer

4/23/98

280-4326

CR2E034 (10/97)