

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90153 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004650

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4401 Westown Pkwy Suite, Apt. #, etc. 212 22 Ste 212 City & State 23 West Des Moines, IA Zip 24 50391-1007 Country 25 Polk		2a. Mailing Address 26 4401 Westonw Pkwy Suite, Apt. #, etc. 27 Ste 212 City & State 28 West Des Moines, IA Zip 29 50391-1007 Country 30 Polk		3. Date Incorporated or Qualified 09/11/1996	4. FEI Number 42-1282857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No						

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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, LARRY J	1.2 NAME	
STREET ADDRESS	1425 60TH STREET NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA 52410	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, C J	2.2 NAME	
STREET ADDRESS	4401 WESTOWN PKWY STE 212	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50391	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAFFER, JAMIE H	3.2 NAME	
STREET ADDRESS	701 5TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50391	3.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, JOHN E	4.2 NAME	
STREET ADDRESS	701 5TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50391	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, BOB O	5.2 NAME	
STREET ADDRESS	790 WALNUT RIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUKEE IA 50323	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSEN, DOUGLAS L.	6.2 NAME	
STREET ADDRESS	701 5TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50391	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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/99 515-267-5409

CR2E034 (11/98)