2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004905

Address:

City-St-Zip:

6621 FIRST AVE., S.W.

CEDAR RAPIDS, IA 52404

Entity Name: DEXTER FINANCIAL SERVICES, INC.

FILED Mar 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5001 J ST., S.W. CEDAR RÁPIDS, IA 52404 **Current Mailing Address: New Mailing Address:** PO BOX 5368 CEDAR RAPIDS, IA 524065368 FEI Number: 42-1369152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition EHRET, ALLEN D ALBREGTS, PATRICK Name: Name: 1010 GRAND PARK DR 614 LINDENWOOD CT Address: Address: City-St-Zip: FAIRFIELD, IA 52556 City-St-Zip: FAIRFIELD, IA 52556 Title: Title: () Change () Addition ST () Delete Name: FRITZ, FRANK D Name: 200 E HARRISON AVE Address: Address: FAIRFIELD, IA 52556 City-St-Zip: City-St-Zip: Title: Title: DRS () Delete DRS (X) Change () Addition FREEZE, JAMES N FREEZE, JAMES N Name: Name: 701 HILLSIDE DR 701 HILLSIDE DR Address: Address: City-St-Zip: LONE ROCK, WI 53556 City-St-Zip: FAIRFIELD, IA 52556 Title: () Delete Title: () Change () Addition FRAZIER, LEO K Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FRANK D FRITZ ST 03/28/2005