

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002614

FILED
Mar 17, 2004
Secretary of State

Entity Name: FORM EQUIPMENT CORPORATION

Current Principal Place of Business:

1800 NE BROADWAY AVE., BOX D
DES MOINES, IA 50316

New Principal Place of Business:

Current Mailing Address:

1800 NE BROADWAY AVE., BOX D
DES MOINES, IA 50316

New Mailing Address:

FEI Number: 42-1440769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PC () Delete
Name: JENNINGS, A.L.
Address: 4622 MADISON AVE.
City-St-Zip: DES MOINES, IA 50310

Title: VPSD () Delete
Name: JENNINGS, B L
Address: 4809 WESTBROOKE PLACE
City-St-Zip: WEST DES MOINES, IA 50265

Title: CVP () Delete
Name: WEST, BRIAN
Address: 4738 COAXHLINGH DRIVE
City-St-Zip: WEST DES MOINES, IA 50265

Title: VPA () Delete
Name: MICHELS, J A
Address: 1544 TERRACE DRIVE
City-St-Zip: PELLA, IA 50219

Title: VPS () Delete
Name: JORN, L P
Address: 1438 N. W. 122ND ST.
City-St-Zip: CLIVE, IA 50325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BRIAN WEST

CVP

03/17/2004

Electronic Signature of Signing Officer or Director

Date