

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90164 047 ***150.00

DOCUMENT # F97000005136

1. Corporation Name

AGI EMPLOYEE LEASING CORPORATION

Principal Place of Business

**701 5TH AVE.
DES MOINES IA 50391-2000**

Mailing Address

**701 5TH AVE.
DES MOINES IA 50391-2000**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

42-0958655

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D/CEO
NAME	ANDERSEN, DOUGLAS L	1.2 NAME	Andersen, Douglas L.
STREET ADDRESS	701 5TH AVE.	1.3 STREET ADDRESS	701 5th Avenue
CITY-ST-ZIP	DES MOINES IA 50391-2000	1.4 CITY-ST-ZIP	Des Moines, IA 50391-2000
TITLE	V	2.1 TITLE	Executive V
NAME	RASMUSSEN, STEPHEN S	2.2 NAME	Rasmussen, Stephen S.
STREET ADDRESS	701 5TH AVE.	2.3 STREET ADDRESS	701 5th Avenue
CITY-ST-ZIP	DES MOINES IA 50391-2000	2.4 CITY-ST-ZIP	Des Moines, IA 50391-2000
TITLE	S	3.1 TITLE	S/V
NAME	MALLOY, SALLY J	3.2 NAME	Click, Dennis W.
STREET ADDRESS	701 5TH AVE	3.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	DES MOINES IA 50391-2000	3.4 CITY-ST-ZIP	Columbus, OH 43215
TITLE	VT	4.1 TITLE	V/T
NAME	SHAFFER, JAMIE H	4.2 NAME	Butler, Lynda M.
STREET ADDRESS	701 5TH AVE.	4.3 STREET ADDRESS	701 5th Avenue
CITY-ST-ZIP	DES MOINES IA 50391-2000	4.4 CITY-ST-ZIP	Des Moines, IA 50391-2000
TITLE	DC	5.1 TITLE	D/C
NAME	EVANS, JOHN E	5.2 NAME	Shisler, Arden L.
STREET ADDRESS	701 5TH AVE.	5.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	DES MOINES IA 50391-2000	5.4 CITY-ST-ZIP	Columbus, OH 43215
TITLE	D	6.1 TITLE	D
NAME	CALLISON, JAMES W	6.2 NAME	McFerson, Dimon R.
STREET ADDRESS	1436 E. OVID	6.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	DES MOINES IA 50316	6.4 CITY-ST-ZIP	Columbus, OH 43215

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

4-22-99

Date

515-280-8855

Daytime Phone

CR2E034 (1/98)