2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F98000002222 1. Entity Name HHCS REAL ESTATE, INC. 04-30-2001 90161 001 *1.500.00 Mailing Address Principal Place of Business 800 SECOND AVENUE, STE 200 800 SECOND AVENUE, STE 200 DES MOINES IA 50309-1380 DES MOINES IA 50309-1380 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 39-1926612 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE THURSTON, STAN G NAME NAME 800 SECOND AVENUE STRFFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA Change ☐ Addition VSD Delete TITLE TITLE HOOVER, STEPHEN J NAME NAME 8725 ROSEHILL RD STE 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LENEXA KS 66215 Change Addition VD TITLE ☐ Delete Secretary . . KENNY, EDWARD R NAME NAME 800 SECOND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA ☐ Change ☐ Addition ☐ Delete TITLE TITLE HARRISON, MARY J NAME NAME STREET ADDRESS 800 NW 17 AVE STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** Vice Brendent - CEO Addition ☐ Change ☐ Delete TITLE TITLE NEISS, ARTHUR V NAME NAME Neis STREET ADORESS STREET ADDRESS **800 SECOND AVENUE** CITY-ST-ZIP CITY-ST-ZIP **DES MOINES IA 50309-1308** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur V. Neis

4-18-01

(515) 245-7650