2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002222

1. Entity Name
HHCS REAL ESTATE, INC.

Principal Place of Business	Mailing Address
400 LOCUST STREET STE 820 DES MOINES, IA 50309-2334	400 LOCUST STREET STE 820 DES MOINES, IA 50309-2334

DO NOT WRITE IN THIS SPACE

04202005   No Chg-P   CR2E034 (10/03)

4. FEI Number 39-1926612	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THURSTON, STAN G
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	S
NAME	KENNY, EDWARD R
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	VD
NAME	HARRISON, MARY J
STREET ADDRESS	800 NW 17 AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VCFO
NAME	NEIS, ARTHUR V
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca S. Stoll* Rebecca S. Stoll, Assistant Secretary 4-19-05 (515)875-461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #