2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# F98000003389

Entity Name: PLAZA 20, INC.

Current Principal Place of Business:

2600 DODGE ST
DUBUQUE, IA 52003

New Principal Place of Business:

2600 DODGE ST
D4
DUBUQUE, IA 52003

Current Mailing Address:

2600 DODGE ST
DUBUQUE, IA 52003

New Mailing Address:

2600 DODGE ST
D4
DUBUQUE, IA 52003

FEI Number: 42-0838723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVER, PENNY
15137 WILLOWOOD LANE
BROOKSVILLE, FL 34609 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

OFFICERS AND DIRECTORS:

Title: PD
Name: KAHLE, SALLY A
Address: 2040 S. GRANDVIEW
City-St-Zip: DUBUQUE, IA 52003

Title: DV
Name: HUTCHINSON, CINDY
Address: 1161 ALPINE ROAD
City-St-Zip: WALNUT CREEK, CA 94596

Title: DV
Name: KAHLE, DANIEL
Address: 952 NORTHEAST LOVELL STREET
City-St-Zip: HILLSBORO, OR 97124

Title: DV
Name: KAHLE, JEFFREY
Address: 1744 HILLCREST DRIVE
City-St-Zip: LAKE GENEVA, WI 53147

Title: DV
Name: KAHLE, PAUL
Address: 1176 NORTH VERNON
City-St-Zip: ARLINGTON, VA 22202

Title: DV
Name: KAHLE, MICHAEL
Address: 2884 THORNWOOD CT
City-St-Zip: DUBUQUE, IA 52003

I hereby 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 all other like empowered.

SIGNATURE: SALLY KAHLE PD 02/21/2011

Electronic Signature of Signing Officer or Director Date