2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F99000003899** Feb 24, 2000 8:00 am **Secretary of State** LCS-BANYAN PLACE, INC. 02-24-2000 90053 039 ***150.00 Principal Place of Business Mailing Address 800 SECOND AVENUE. STE 200 800 SECOND'AVENUE, STE 200 DES MOINES IA 50309-1380 **DES MOINES IA 50309-1312** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 42-1479866 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 STREET ADDRESS STREET ADDRESS 800 SECOND AVE., STE 200 CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA ٧S Change Addition ☐ Defete TITI F TITLE HOOVER, STEPHEN J HOOVER, STEPHEN J NAME 8725 ROSEHILL ROAD SUITE 212 STREET ADDRESS STREET ADDRESS 800 SECOND AVE., STE 200 CITY-ST-ZIP LENEXA, KS 66215 CITY-ST-ZIP DES MOINES IA ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME KENNY, EDWARD R NAME STREET ADDRESS STREET ADDRESS 800 SECOND AVE., STE 200 CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA VD 📈 Change ☐ Addition ☐ Delete TITLE TITLE HARRISON, MARY J NAME NAME HARRISON, MARY J 800 SECOND AVE., STE 200 STREET ADDRESS STREET ADDRESS 800 NW 17 AVENUE CHY-ST-ZIP CITY-ST-ZIP DES MOINES IA DELRAY BEACH, FL 33445 **X** Addition ☐ Delete TITLE Change VT TITLE NAME NAME NEIS, ARTHUR V STREET ADDRESS STREET ADDRESS 800 SECOND AVENUE CITY-ST-ZIP CITY-ST-ZIP DES MOINES, IA 50309-1830 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

Stan G. Thurston, President Director

NAME OF SIGNING OFFICER OR DIRECTOR