

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000003899**

1. Entity Name

**LCS-BANYAN PLACE, INC.****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90161 001 \*1,500.00

Principal Place of Business

**800 SECOND AVENUE, STE 200  
DES MOINES IA 50309-1380**

Mailing Address

**800 SECOND AVENUE, STE 200  
DES MOINES IA 50309-1380**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **42-1479866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	THURSTON, STAN G	NAME	
STREET ADDRESS	800 SECOND AVE., STE 200	STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VS	TITLE	
NAME	HOOVER, STEPHEN J	NAME	
STREET ADDRESS	8725 ROSEHILL RD #212	STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS 66215	CITY-ST-ZIP	
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	TITLE	Secretary
NAME	KENNY, EDWARD R	NAME	
STREET ADDRESS	800 SECOND AVE., STE 200	STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	VD	TITLE	
NAME	HARRISON, MARY J	NAME	
STREET ADDRESS	800 NW 17 AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VT	TITLE	CEO
NAME	NEIS, ARTHUR V	NAME	
STREET ADDRESS	800 SECOND AVE	STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50309	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE:

*Arthur V. Neis*

Arthur V. Neis

4-18-01

(515) 245-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)