2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G60022 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** KNAPP REALTY COMPANY 03-31-2000 90045 005 ***150.00 Principal Place of Business Mailing Address 5000 WESTON PKWY 5000 WESTOWN PARKWAY SUITE 100 SUITE 100 WEST DES MOINES IA 50266 WEST DES MOINES IA 50266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2347006 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARDT, FREDERICK R. Street Address (P.O. Box Number is Not Acceptable) **801 LAUREL OAK DRIVE** SUITE 705, SUN BANK BLDG. NAPLES FL 33963 Zip Code 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, 2000 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. VPD ☐ Change Addition TITLE ☐ Delete TITLE NAME KNAPP, PAUL R. STREET ADDRESS STREET ADDRESS 5000 WESTOWN PKWY, STE 100 CITY-ST-ZIP CITY-ST-ZIP W DES MOINES IA ☐ Delete ☐ Change Addition TITLE TITLE KNAPP, WILLIALM C. II NAME NAME 5000 WESTOWN PKWY, STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST DES MOINES IA Addition TITLE ☐ Delete TITLE ☐ Change HARDT, FREDERICK R NAME NAME STREET ADDRESS STREET ADDRESS 400 5TH AVE S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition TITLE TD ☐ Delete TITLE **NEUMANN, DARYL** NAME NAME STREET ADDRESS 5000 WESTOWN PKWY SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST DES MOINES IA Delete ☐ Change Addition TITLE TITLE NAME KNAPP, WILLIAM C. 5000 WESTOWN PARKWAY SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST DES MOINES LA ☐ Change ■ Addition TITLE ☐ Delete 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.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICE POOR DECTOR

3/20/00

515-223-4000

Daytime Phone #