

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000000605**

1. Entity Name  
**NATIONAL BY-PRODUCTS, LLC**



Principal Place of Business

**907 WALNUT ST, STE 400  
DES MOINES, IA 50309**

Mailing Address

**P.O. BOX 615  
DES MOINES, IA 50309**

**DO NOT WRITE IN THIS SPACE**



07062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**74-3026037**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 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

**Filing Fee is \$50.00  
Due by September 7, 2005**

**1000000372237  
07/11/05-80024-003 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CARLSON, C. DEAN  
907 WALNUT ST, STE 400  
DES MOINES, IA 50309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MYERS, MARK A  
907 WALNUT ST, STE 400  
DES MOINES, IA 50309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PACE, DAVID A  
907 WALNUT ST, STE 400  
DES MOINES, IA 50309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KING, CARLTON T  
700 WALNUT, STE 1600  
DES MOINES, IA 503093899**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
THORNE, HAROLD  
7100 NW 62ND AVE.  
JOHNSTON, IA 50131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
COWNIE, JAMES S  
1915 GRAND AVENUE  
DES MOINES, IA 503093311**

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*David A Pace, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**7-8-05**

Date

**515-288-2166**

Daytime Phone #