

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001990

FILED
Mar 02, 2007
Secretary of State

Entity Name: WESTPOINTE OPERATING COMPANY, LLC

Current Principal Place of Business:

801 GRAND AVENUE
DES MOINES, IA 50392

New Principal Place of Business:

Current Mailing Address:

801 GRAND AVENUE
ATTN: BOB ROEPSCH
DES MOINES, IA 50392

New Mailing Address:

FEI Number: 42-0127290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRINCIPAL LIFE INSUR, ANCE COMPANY
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Address:
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Title: () Delete
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Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: LUTCAVISH, DONNA MGR
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR () Change (X) Addition
Name: LANZ, SANDY MGR
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR () Change (X) Addition
Name: WADLE, BRENDA MGR
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR () Change (X) Addition
Name: PIERCE, JOE MGR
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR () Change (X) Addition
Name: SCHOLZ, MARK MGR
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT ROEPSCH

ASST

03/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date