

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001990

FILED
Jan 07, 2011
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
Name: PRINCIPAL LIFE INSURANCE COMPANY
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

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

Title: MGR
Name: TALBOT, RICK MGR
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR
Name: MENZ, JEFF MGR
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR
Name: STUBBS, KEVIN MGR
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

I hereby 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

ADM

01/07/2011

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