2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# M02000001990

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: TINKER, DENNIS J MGR
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

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

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

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

Title: MGR
Name: WADLE, BRENDA M
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392

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 Statues.

SIGNATURE: ROBERT ROEPSCH ADM 01/04/2012

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