

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

#13208

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90053 015 ****50.00

DOCUMENT # M03000001847

1. Entity Name
TRADE SCHOOL FINANCE LLC



Principal Place of Business
800 WALNUT STREET
DES MOINES, IA 50309

Mailing Address
800 WALNUT STREET
DES MOINES, IA 50309

24054440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
74-3085251

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME ADAM, CHRISTOPHER
STREET ADDRESS 800 WALNUT STREET
CITY - ST - ZIP DES MOINES, IA 50309 ☒ Delete

TITLE MGR
NAME Ramsay, Reed W.
STREET ADDRESS 800 Walnut Street
CITY - ST - ZIP Des Moines, IA 50309-3636 ☐ Change ☒ Addition

TITLE MGR
NAME POETTING, GARY M
STREET ADDRESS 800 WALNUT STREET
CITY - ST - ZIP DES MOINES, IA 50309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE MGR
NAME KUNZ, FAYE L
STREET ADDRESS 800 WALNUT STREET
CITY - ST - ZIP DES MOINES, IA 50309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. 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 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:

Faye L Kunz

Faye L. Kunz
Manager

April 16, 2004

(515) 557-7252

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

Date

Daytime Phone #