


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 10 PM 3:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #M96000000058</b>			
TAYLOR BALL, L.C. <del>500 S.W. 7TH STREET, SUITE 300</del> <del>DES MOINES IA 50309</del>		1a. Principal Place of Business Address <del>500 S.W. 7TH STREET, SUITE 300</del> <del>DES MOINES IA 50309</del>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc. 6000 Westown Parkway, # 200W		Suite, Apt. #, etc. 6000 Westown Parkway, #200W		02/27/1996	
City & State West Des Moines IA		City & State West Des Moines, IA		4. FEI Number 42-1449107	
Zip 50266		Zip 50266		5. Date of Last Report Application Filed 2/27/96	
Country		Country		3a. State of Formation IA <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002084923--5 -02/12/97--01027--014 City ***203.75 FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1997 change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE (Registered Agent Accepting Appointment)		DATE (Registered Agent signature required when reinstating)			
10. Title Managing Members/Managers		Business Street Address City, State and Zip Code			
MGRM TAYLOR, JACK P		<del>500 S.W. 7TH STREET, SUITE DES MOINES IA</del>			
MGRM BALL, DARRELL C		<del>500 S.W. 7TH STREET, SUITE DES MOINES IA</del>			
MGRM RYAN, JIM		6000 Westown Parkway, Ste 200W West Des Moines, IA			
MGRM CAMERON, DENNIS W		<del>500 S.W. 7TH STREET, SUITE DES MOINES IA</del>			
<del>MGRM SUKOW, THOMAS</del>		<del>500 S.W. 7TH STREET, SUITE DES MOINES IA</del>			
MGRM LARSON, JEFFREY C		<del>6000 WESTOWN PARKWAY, SUITE WEST DES MOINES IA</del> 8900 200 ONE WARD PARKWAY, SUITE 20 KANSAS CITY MO			
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>Dennis W. Cameron</u> Managing Member		2/5/97 515-327-6124			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #			