
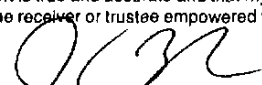


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 25 PM 2:34	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M96000000058</b>  TAYLOR BALL, L.C. 6000 WESTOWN PARKWAY, #200W WEST DES MOINES IA 50266				1a. Principal Place of Business Address  6000 WESTOWN PARKWAY, #200W WEST DES MOINES IA 50266	
2. Principal Place of Business 3000 Westown Parkway Suite, Apt. #, etc. Suite 200 City & State Des Moines, IA Zip 50266		2a. Mailing Address 5000 Westown Parkway Suite, Apt. #, etc. Suite 200 City & State Des Moines, IA Zip 50266		3. Date Organized or Qualified 02/27/1996 3a. State of Formation IA 4. FEI Number 42-1449107 5. Date of Last Report 02/10/1997	
				6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002473475--3 Suite, Apt. #, etc. -03/31/98--01047--007 ****188.75 ****188.75 City FL Zip Code	
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. Such 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) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	TAYLOR, JACK P	6000 WESTOWN PARKWAY, SUITE 200 5000 Westown Parkway, Ste. 200		WEST DES MOINES IA 50266	
MGRM	BALL, DARRELL C	6000 WESTOWN PARKWAY, SUITE 200 5000 Westown Parkway, Ste. 200		WEST DES MOINES IA 50266	
MGRM	RYAN, JIM	6000 WESTOWN PARKWAY, SUITE 200		WEST DES MOINES IA	
MGRM	CAMERON, DENNIS W	6000 WESTOWN PARKWAY, SUITE 200		WEST DES MOINES IA	
MGRM	LARSON, JEFFREY C	8900 WARD PARKWAY, SUITE 2		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:  Jack P. Taylor, Manager 3/20/98 (515) 247-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #