

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013968 AF

DOCUMENT # **M99000000168**

1. Entity Name  
1200 CORPORATE PLACE, LLC

FILED

00 MAY 11 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
711 HIGH STREET  
DES MOINES IA 50392

Mailing Address  
711 HIGH STREET  
DES MOINES IA 50392-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
801 Grand Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
c/o Bob Roepsch

City & State

City & State  
Des Moines, Iowa

4. FEI Number  
42-1470994

Applied For  
Not Applicable

Zip Country

Zip Country  
50392-1360

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

600003258386--0  
-05/18/00--01134--002  
\*\*\*\*300.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRINCIPAL OFFICE INVESTORS, LLC 711 HIGH STREET DES MOINES IA 50392	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the simplified filing procedure 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 record owner of the property to be reported and that I am authorized to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE** **DATE** \_\_\_\_\_ **DAYTIME PHONE #** \_\_\_\_\_

**DENNIS D. BALLARD**  
COUNSEL  
Commercial Real Estate

CR2E083 (9/99)