2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2002 8:00 am secretary of State DOCUMENT # M9900000168 05-05-2002 90216 001 ***250.00 1200 CORPORATE PLACE, LLC Principal Place of Business Mailing Address 711 HIGH STREET % BOB ROEPSCH DES MOINES IA 50392 801 GRAND AVENUE **DES MOINES IA 50392-1360** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 42-1470994 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITI F MGRM ☐ Delete Change ☐ Addition NAME PRINCIPAL OFFICE INVESTORS, LLC NAME PRINCIPAL OFFICE INVESTORS, LLC STREET ADDRESS 711 HIGH STREET STREET ADDRESS 711 HIGH STREET CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA 50392 DES MOINES IA 50392 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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. ionna Luicavish

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

Assistant Director

Daytime Phone #