FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00199 (0)

1. Corporation Name
WEITZ PROPERTIES, INC.

Principal Place of Business	Mailing Address
800 SECOND AVE. DES MOINES IA 50309	800 SECOND AVE. DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1983
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip	24	Zip	29
Country	25	Country	30

4. FEI Number: 42-0770254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WEITZ, FRED W.	1.2 NAME	WEITZ, FRED W.	
STREET ADDRESS	800 SECOND AVE.	1.3 STREET ADDRESS	800 SECOND AV	
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	S	2.1 TITLE	S/T	☒ Change ☐ Addition
NAME	STRUTT, DAVID S.	2.2 NAME	HOTOVEC, WILLIAM	
STREET ADDRESS	800 SECOND AVE.	2.3 STREET ADDRESS	800 SECOND AV	
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BACHMAN, ROBERT A.	3.2 NAME	[Delete]	
STREET ADDRESS	800 SECOND AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	NEIS, ARTHUR V.	4.2 NAME	[Delete]	
STREET ADDRESS	800 SECOND AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE	AS	☒ Change ☐ Addition
NAME	HOTOVEC, WILLIAM	5.2 NAME	[Delete]	
STREET ADDRESS	800 SECOND AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/13/95 515-245-7620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP