

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999 XX 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90029 009 ***150.00

DOCUMENT # P03378

1. Corporation Name

INVESTORS WARRANTY OF AMERICA, INC.

Principal Place of Business

1000 EDGEWOOD RD. N.E.
CEDAR RAPIDS IA 52499

Mailing Address

4333 EDGEWOOD RD. N.E.
CEDAR RAPIDS IA 52499



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1984

4. FEI Number

42-1154276

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26

27

28

29

30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

DP
BAIRD, PATRICK S.
4333 EDGEWOOD RD. NE
CEDAR RAPIDS IA

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

V
BUSLER, WILLIAM L.
4333 EDGEWOOD RD. N.E.
CEDAR RAPIDS IA

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VP
CLANCY, BRENDA K
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS IA

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VP
Robert Jett
4333 Edgewood RD NE
Cedar Rapids IA

☒ Change ☐ Addition

T
CLANCY, BRENDA K.
4333 EDGEWOOD RD NE
CEDAR RAPIDS IA

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
FALCONIO, PATRICK E.
4333 EDGEWOOD RD. N.E.
CEDAR RAPIDS IA

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
Brenda K. Clancy
4333 Edgewood RD NE
Cedar Rapids IA

☒ Change ☐ Addition

SVP
VERMIE, CRAIG D.
4333 EDGEWOOD RD. N.E.
CEDAR RAPIDS IA

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie

4/26/00

Date

319-398-8511

Daytime Phone #