

FILED
Apr 17, 2006 8:00 am
Secretary of State

DOCUMENT # P03378

**Mailing Address**

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

400022



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1154276

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE PALMA, PATRICK
STREET ADDRESS	4333 EDGEWOOD RD. NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499

TITLE	V
NAME	BLANKENSHIP, DAVID L
STREET ADDRESS	4333 EDGEWOOD RD. N.E.
CITY - ST - ZIP	CEDAR RAPIDS, IA 52499

TITLE	VPC
NAME	DEWALD, MAUREEN
STREET ADDRESS	4333 EDGEWOOD ROAD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499

TITLE	T
NAME	MEINERS, DIANE
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY - ST - ZIP	CEDAR RAPIDS, IA 52499

TITLE	DSVP
NAME	VERMIE, CRAIG D.
STREET ADDRESS	4333 EDGEWOOD RD. N.E.
CITY-ST-ZIP	CEDAR RAPIDS, IA

TITLE	DP
NAME	WAPP, MICHAEL A
STREET ADDRESS	4333 EDGEWOOD RD. NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: Craig D. Vermie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2006

Date _____

(319) 398-8511

Daytime Phone #