

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 AM 11:50

DOCUMENT # P06774

(4)

1. Corporation Name

RUAN SECURITIES CORPORATION

Principal Place of Business

Mailing Address

601 LOCUST, STE 350
DES MOINES IA 50309

601 LOCUST, STE 350
DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/17/1985

3a. Date of Last Report

01/26/1994

4. FEI Number

42-1251158

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

10. Name and Address of New Registered Agent

MURPHY, JOHN M.
310 E. ATLANTIC
DEL RAY BEACH FL 33483

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	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, ROBERT M. JR.	1.2 NAME	DELETE
STREET ADDRESS	601 LOCUST, STE 350	1.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	YOUNG, ROBERT M. JR.	2.2 NAME	DELETE
STREET ADDRESS	601 LOCUST, STE 350	2.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	MURPHY, JOHN M.	3.2 NAME	SECRETARY
STREET ADDRESS	310 E. ATLANTIC	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEL RAY BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

2/1/95

407-274-9006