

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P06774 (4)

1. Corporation Name

RUAN SECURITIES CORPORATION



Principal Place of Business

601 LOCUST, STE 350
DES MOINES IA 50309

Mailing Address

601 LOCUST, STE 350
DES MOINES IA 50309

3. Date Incorporated or Qualified
07/17/1985

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1. 1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

2. 1 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

3. 1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

NAME

STREET ADDRESS

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:

David Hasler DAVID HASLER

1-24-96 515 245 3863

Date

Daytime Phone #

CR2E034 (12/95)