

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06774

1. Entity Name

RUAN SECURITIES CORPORATION

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90130 032 ***150.00

Principal Place of Business

Mailing Address

604 LOCUST ST
STE 317
DES MOINES IA 50309
US

5604 LOCUST ST
STE 317
DES MOINES IA 50309
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

604 LOCUST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 317

City & State

City & State

DES MOINES IOWA

4. FEI Number

42-1251158

Applied For

Not Applicable

Zip

Country

Zip

Country

50309

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND DR
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS MEHL, TOM
CITY-ST-ZIP 604 LOCUST ST STE 317
DES MOINES IA 50309

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS SMITH, DAN
CITY-ST-ZIP 604 LOCUST ST STE 317
DES MOINES IA 50309

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAN SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2000

Date

(515) 245-3869

Daytime Phone #

CR2E034 (9/99)