


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06774</b> 1. Entity Name <b>RUAN SECURITIES CORPORATION</b>	
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Principal Place of Business <b>666 GRAND AVE SUITE 3300 DES MOINES, IA 50309 US</b>	Mailing Address <b>666 GRAND AVE SUITE 3300 DES MOINES, IA 50309 US</b>
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08302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1251158</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND DR  
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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MEHL, TOM 666 GRAND AVE., SUITE 3300 DES MOINES, IA 50309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SMITH, DAN 666 GRAND AVE., SUITE 3300 DES MOINES, IA 50309
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U000000773176  
08/31/07-80003-023 550.00

**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 like empowered.

**SIGNATURE:** Daniel C Smith **Daniel C Smith** **8/30/07** **(515)245-3863**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #