## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P06774**

**RUAN SECURITIES CORPORATION** 



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

Principal Place of Business

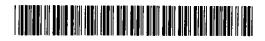
666 GRAND AVE **SUITE 3300** 

DES MOINES, IA 50309 US

Mailing Address

666 GRAND AVE **SUITE 3300** 

DES MOINES, IA 50309 US



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08302007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1251158

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S PINE ISLAND DR

## DO NOT WRITE

PLANTAT	ION, FL 33324		IN THIS SPACE					
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office or	registered agent, or both	n, in the State of Florida. I am familiar with, and accept				
SIGNATURE.	Signature, typed or printed name of registered agent and title if	f applicable (NOTE; Registered Agent signatur	re required when reinstating)	DATE				
	LE NOWIII FEE IS \$550.00 ue by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS		***************************************				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MEHL, TOM 666 GRAND AVE ., SUITE 3300 DES MOINES, IA 50309			U00000773176 08/31/07-80003-023 550.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SMITH, DAN 666 GRAND AVE., SUITE 3300 DES MOINES, IA 50309							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, · · · · · · · · · · · · · · · · · · ·					
TITLE			•					

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-SI-ZIP