

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P08711** (4)
1. Corporation Name
RUAN LEASING COMPANY

Principal Place of Business 666 GRAND AVE. DES MOINES IA 50309-2502	Mailing Address 666 GRAND AVE. DES MOINES IA 50309-2502
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 42-1244104	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALVORD, GARY	1.2 NAME	
STREET ADDRESS	666 GRAND AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	1.4 CITY - ST - ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUAN, ELIZABETH	2.2 NAME	
STREET ADDRESS	23 - 34TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	2.4 CITY - ST - ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MILBRANDT, LAVERNE	3.2 NAME	
STREET ADDRESS	3600 SKYLINE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	3.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GILLUM, JANET (ASST.)	4.2 NAME	
STREET ADDRESS	2902 KENDALLWOOD CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	4.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MIKES, RICHARD	5.2 NAME	
STREET ADDRESS	666 GRAND AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	5.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RUAN, JOHN	6.2 NAME	
STREET ADDRESS	666 GRAND AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	DESMOINES IA	6.4 CITY - ST - ZIP	

14. 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 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: *Laverne Milbrandt* 1-26-98 515-245-2500

CR2E034 (10/97)