2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # P08711** RUAN LEASING COMPANY -28-2001 90036 023 ***150.00 Principal Place of Business Mailing Address 666 GRAND AVE. 666 GRAND AVE. DES MOINES IA 50309-2502 DES MOINES IA 50309-2502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 42-1244104 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR TITLE Delete TITLE 🔀 Change ☐ Addition NAME RUAN, JOHN III NAME STREET ADDRESS 666 GRAND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA SD Change Addition ☐ Delete TITLE TITL F RUAN, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 23 - 34TH ST CITY-ST-7IP CITY-ST-7IP DES MOINES IA Delete PRESIDENT Change **Addition** TITLE. TITLE CHRIS CULLEY VARNER, MAX NAME NAME LLL GRAND AVE STREET ADDRESS STREET ADDRESS 666 GRAND AVE CITY-ST-7IP DES MOINES, CITY-ST-7IP DES MOINES IA 50309 15 of 上がかびE 🔀 Delete Change TITLE TITLE ★ Addition GILLUM, JANET (ASST.) LAVERNE MILBRANDT NAME NAME STREET ADDRESS 2902 KENDALLWOOD CIRCLE STREET ADDRESS ELL GRAND AUE CITY-ST-ZIP DES MOINES IA CITY-ST-7IP DES MOIDES IA 50309 TITLE ☐ Delete TITLE Change Addition NAME BALL, TRACEY NAME STREET ADDRESS 666 GRAND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA ☐ Delete □ Change Addition TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

Changed, of off an attachment with an address, with an other like empower

NAME

STREET ADDRESS

CITY-ST-ZIP

RUAN, JOHN

666 GRAND AVE

DESMOINES IA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/0

515-245-2543

Daytime Prione #

CR2E034 (10/00)