FILED

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am DOCUMENT # P08711 **Secretary of State** 1. Entity Name 01-30-2002 90021 025 ***150.00 RUAN LEASING COMPANY 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 Applied For City & State City & State 4. FEI Number 42-1244104 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SECRETARY 🔀 Addition TITLE Delete TITLE STEVEN E ZUMBACH NAME* NAME RUAN. JOHN III STREET ADDRESS STREET ADDRESS LUL CRAND AVE 666 GRAND AVE CITY-ST-ZIP CITY-ST-7IP DES MOINES, IA DES MOINES IA **5**0309 ☐ Delete TITLE TITLE ☐ Addition DIRECTOR NAME NAME RUAN, ELIZABETH STREET ADDRESS STREET ADDRESS 23 - 34TH ST CITY-ST-ZIP CITY-ST-ZIE DES MOINES IA ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME **CULLEY, CHRIS** STREET ADDRESS STREET ADDRESS 666 GRAND AVE CITY-ST-ZIP CITY-ST-ZIP DES MOINES LA 50309 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MILBRANDT, LAVERNE NAME STREET ADDRESS STREET ADDRESS 666 GRAND AVE CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA 50309 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME **BALL, TRACEY** STREET ADDRESS STREET ADDRESS 666 GRAND AVENUE CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME RUAN, JOHN STREET ADDRESS STREET ADDRESS 666 GRAND AVE CITY-ST-7IP CITY-ST-ZIP **DESMOINES IA** 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI