FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2004 8:00 am
Secretary of State
06-08-2004 90001 042 ***150.00

DOCUMENT # P08711

1. Entity Name
Ruan Leasing Co.

DO NOT WRITE IN THIS SPACE

44046159

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
666 Grand Ave	666 Grand Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Des Moines, IA	City & State: Des Moines, IA
Zip: 50309 Country:	Zip: 50309 Country:

4. FEI Number: 421244104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Prentice-Hall Corp. Systems, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street, Suite 105
City: Tallahassee FL Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	Director + CEO	TITLE	
NAME	John Ruan III	NAME	
STREET ADDRESS	666 Grand Ave	STREET ADDRESS	
CITY-ST-ZIP	Des Moines, IA 50309	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Michael Kandris	NAME	
STREET ADDRESS	666 Grand Ave	STREET ADDRESS	
CITY-ST-ZIP	Des Moines, IA 50309	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Tracey Ball	NAME	
STREET ADDRESS	666 Grand Ave	STREET ADDRESS	
CITY-ST-ZIP	Des Moines IA 50309	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Steven Zumbach	NAME	
STREET ADDRESS	666 Grand Ave	STREET ADDRESS	
CITY-ST-ZIP	Des Moines, IA 50309	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracey Ball Tracey Ball Treasurer 5-26-04 515-245-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #