

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P09167 (8)**
1. Corporation Name
LEFEBURE CORPORATION



Principal Place of Business: **308 29TH ST. NE, BOX 2028, CEDAR RAPIDS IA 52406**
Mailing Address: **308 29TH ST. NE, BOX 2028, CEDAR RAPIDS IA 52406**

21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

3. Date Incorporated or Qualified: **02/19/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **25-1515167**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.012, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 and 607.1528, 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|--|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | PATTEN, JOSEPH | |
| STREET ADDRESS | 308 29TH ST N.E. | |
| CITY - ST - ZIP | CEDAR RAPIDS IA | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | RYAN, ALFRED | |
| STREET ADDRESS | 308 29TH ST NE | |
| CITY - ST - ZIP | CEDAR RAPIDS IA | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | MELLETT, JOHN R | |
| STREET ADDRESS | 308 29TH STREET NE | |
| CITY - ST - ZIP | CEDAR RAPIDS IA | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GARDNER, ROBERT | |
| STREET ADDRESS | P.O. BOX 10 BASINGSTOKE | |
| CITY - ST - ZIP | HAMPSHIRE RG22 4BS EN | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|----------------------------------|--|
| 11. TITLE | VICE PRESIDENT & SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. NAME | JONATHAN A. SIEGEL | |
| 13. STREET ADDRESS | 308 29th ST. NE | |
| 14. CITY - ST - ZIP | CEDAR RAPIDS, IA 52402 | |
| 21. TITLE | TREASURER & DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22. NAME | ANTHONY G. ARMITAGE | |
| 23. STREET ADDRESS | 308 29th ST. NE | |
| 24. CITY - ST - ZIP | CEDAR RAPIDS, IA 52402 | |
| 31. TITLE | ASST. SECRETARY & ASST TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32. NAME | TIMOTHY D. FLOWING | |
| 33. STREET ADDRESS | 308 29th ST. NE | |
| 34. CITY - ST - ZIP | CEDAR RAPIDS, IA 52402 | |
| 41. TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42. NAME | HAYDN T. ABBOTT | |
| 43. STREET ADDRESS | P.O. Box 10 BASINGSTOKE | |
| 44. CITY - ST - ZIP | HAMPSHIRE RG22 4BS ENGLAND | |
| 51. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | | |
| 53. STREET ADDRESS | | |
| 54. CITY - ST - ZIP | | |
| 61. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | | |
| 63. STREET ADDRESS | | |
| 64. CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Timothy D. Fleming* Asst. Secy. & Asst. Treas. 5/3/96 (319) 367-5000

CR2E034 (12/95)