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**Jul 07 1997 8:00am
Secretary of State**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 officer, director, and filed applicable

(NOTE: Registered Agent's signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PATTEN, JOSEPH	
STREET ADDRESS	308 29TH ST NE	
CITY- ST- ZIP	CEDAR RAPIDS IA	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ARMITAGE, ANTHONY G	
STREET ADDRESS	308 29TH ST NE	
CITY- ST- ZIP	CEDAR RAPIDS IA	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	FLOMING, TIMOTHY D	
STREET ADDRESS	308 29TH STREET NE	
CITY- ST- ZIP	CEDAR RAPIDS IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBOTT, HAYDN T	
STREET ADDRESS	P.O. BOX 10 BASINGSTOKE	
CITY- ST- ZIP	HAMPSHIRE RGZZ 4BS EN	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	SIEGEL, JONATHAN A	
STREET ADDRESS	308 29TH ST. NE	
CITY- ST- ZIP	CEDAR RAPIDS IA	
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, TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	WILLIAM J. BRENNAN		
13 STREET ADDRESS	308 29TH ST. NE		
14 CITY- ST- ZIP	CEDAR RAPIDS, IA		
21 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	RODOLFO MARCHASE		
23 STREET ADDRESS	308 29TH ST. NE		
24 CITY- ST- ZIP	CEDAR RAPIDS, IA		
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY- ST- ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY- ST- ZIP			
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 does not qualify for the exemption stated in Section 119.07(3)(b), 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 *[Signature]* **Asst. Secy. & Asst. Treas.** *6/30/97* *(734) 369-5000*



CR2E034 (9/96)