

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 02/19/1986	
4. FEI Number 25-1515167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP PATTEN, JOSEPH	1.1 TITLE	VICE PRESIDENT, TREASURER, DIRECTOR
NAME	308 29TH ST N.E. CEDAR RAPIDS IA	1.2 NAME	TULLIO GATTI
STREET ADDRESS		1.3 STREET ADDRESS	2441 WARRENVILLE ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LISLE, IL 60532
TITLE	AS RODOLFO MARCHASE	2.1 TITLE	VICE PRESIDENT
NAME	308 29TH SR NE CEDAR RAPIDS IA	2.2 NAME	JAMES R. HUSVAR
STREET ADDRESS		2.3 STREET ADDRESS	2441 WARRENVILLE ROAD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LISLE, IL 60532
TITLE	ASAT FLOMING, TIMOTHY D	3.1 TITLE	VICE PRESIDENT
NAME	308 29TH STREET NE CEDAR RAPIDS IA	3.2 NAME	DANIEL R. MORELAND
STREET ADDRESS		3.3 STREET ADDRESS	5200 BLUE LAGOON DR #100
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D ABBOTT, HAYDN T	4.1 TITLE	VICE PRESIDENT, SECRETARY
NAME	P.O. BOX 10 BASINGSTOKE HAMPSHIRE RGZZ 4BS EN	4.2 NAME	KATHLEEN A. KLEIMAN
STREET ADDRESS		4.3 STREET ADDRESS	308 29th ST. NE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CEDAR RAPIDS, IA 52402
TITLE	VPST WILLIAM J BRENNAN	5.1 TITLE	ASST. SECRETARY, ASST. TREASURER
NAME	308 29TH ST NE CEDAR RAPIDS IA	5.2 NAME	JACQUELINE L. GIMBERLINE
STREET ADDRESS		5.3 STREET ADDRESS	308 29th ST. NE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CEDAR RAPIDS, IA 52402
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
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14. 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 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.

J. L. Kimberline

Asst. Secy. & Asst. Treas.

CR2E034 (10/97)