

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P18355 (8)**

1. Corporation Name
KIRKE VAN-ORSDEL, INCORPORATED



Principal Place of Business: **1776 WEST LAKES PARKWAY WEST DES MOINES IO 50398 US**
Mailing Address: **1776 WEST LAKES PARKWAY WEST DES MOINES IO 50398 US**

3. Date Incorporated or Qualified: **03/09/1988**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **42-1022852**
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. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0592 and 607.1503, 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 607.0565, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

1	NAME: C VAN ORSDEL, WILLIAM A.	<input type="checkbox"/> DELETE
	STREET ADDRESS: 3407 LINCOLN PL. DR. DES MOINES IA	
2	NAME: KIRKE, GARY	<input type="checkbox"/> DELETE
	STREET ADDRESS: 1000 TULIP TREE LANE WEST DES MOINES IA	
3	NAME: MULLANE, JACK M.	<input checked="" type="checkbox"/> DELETE
	STREET ADDRESS: 400 LOCUST ST. DES MOINES IA	
4	NAME: KRAMBECK, JAMES L	<input type="checkbox"/> DELETE
	STREET ADDRESS: 420 51 ST DES MOINES IA	
5	NAME: DORWEILER, KIRKE M	<input type="checkbox"/> DELETE
	STREET ADDRESS: 1505 GLEN OAKS DRIVE WEST DES MOINES IA	
6	NAME: PLUMMER, PATRICK D	<input type="checkbox"/> DELETE
	STREET ADDRESS: 9615 WINSTON URBAN DALE IA 50322	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	NAME: Chief Financial Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS: Stephen D. Daniels 5N602 Santa Fe Trail Bloomingdale, IL 60108	
2	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS:	
3	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS:	
4	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS:	
5	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS:	
6	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS:	

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 119.073(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, and is not on the list of officers with an address.

SIGNATURE: *William A. Orsdel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 515-243-1776

CR2E034 (12/95)