

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 12 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P18355 (8)**  
 1. Corporation Name  
**KIRKE VAN-ORSDEL, INCORPORATED**



Principal Place of Business <b>1776 WEST LAKES PARKWAY WEST DES MOINES IA 50398 US</b>	Mailing Address <b>1776 WEST LAKES PARKWAY WEST DES MOINES IA 50398 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>03/09/1988</b>	3a. Date of Last Report <b>02/07/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>42-1022852</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29</b>	Country <b>30</b>	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**

**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  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>C</b>	<input type="checkbox"/> DELETE
NAME <b>VAN ORSDEL, WILLIAM A.</b>	
STREET ADDRESS <b>3407 LINCOLN PL. DR.</b>	
CITY-ST-ZIP <b>DES MOINES IA</b>	
TITLE <b>CEO</b>	<input type="checkbox"/> DELETE
NAME <b>KIRKE, GARY</b>	
STREET ADDRESS <b>1000 TULIP TREE LANE</b>	
CITY-ST-ZIP <b>WEST DES MOINES IA</b>	
TITLE <b>CFO</b>	<input type="checkbox"/> DELETE
NAME <b>DANIELS, STEPHEN D</b>	
STREET ADDRESS <b>5N602 SANTA FE TRAIL</b>	
CITY-ST-ZIP <b>BLOOMINGDALE IL</b>	
TITLE <b>SVP</b>	<input type="checkbox"/> DELETE
NAME <b>KRAMBECK, JAMES L</b>	
STREET ADDRESS <b>420 51 ST</b>	
CITY-ST-ZIP <b>DES MOINES IA</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>DORWEILER, KIRKE M</b>	
STREET ADDRESS <b>1505 GLEN OAKS DRIVE</b>	
CITY-ST-ZIP <b>WEST DES MOINES IA</b>	
TITLE <b>SVT</b>	<input type="checkbox"/> DELETE
NAME <b>PLUMMER, PATRICK D</b>	
STREET ADDRESS <b>9815 WINSTON</b>	
CITY-ST-ZIP <b>URBANDALE IA 50322</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED **8-1-97** **CFE-643-1776**

CP2E034 (4/97)