

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  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1988

3a. Date of Last Report

02/07/1996

4. FEI Number

42-1022852

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME VAN ORSDEL, WILLIAM A.  
STREET ADDRESS 3407 LINCOLN PL. DR.  
CITY-ST-ZIP DES MOINES IA

TITLE CEO ☐ DELETE

NAME KIRKE, GARY  
STREET ADDRESS 1000 TULIP TREE LANE  
CITY-ST-ZIP WEST DES MOINES IA

TITLE CFO ☐ DELETE

NAME DANIELS, STEPHEN D  
STREET ADDRESS 5N602 SANTA FE TRAIL  
CITY-ST-ZIP BLOOMINGDALE IL

TITLE SVP ☐ DELETE

NAME KRAMBECK, JAMES L  
STREET ADDRESS 420 51 ST  
CITY-ST-ZIP DES MOINES IA

TITLE P ☐ DELETE

NAME DORWEILER, KIRKE M  
STREET ADDRESS 1505 GLEN OAKS DRIVE  
CITY-ST-ZIP WEST DES MOINES IA

TITLE SVT ☐ DELETE

NAME PLUMMER, PATRICK D  
STREET ADDRESS 9815 WINSTON  
CITY-ST-ZIP URBANDALE IA 50322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

015-643-1776

CP2E034 (4/97)