FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:19

DOCUMENT # P22916 (1)

1. Corporation Name
LEBLANC COMMUNICATIONS INC.

Principal Place of Business	Mailing Address
2301 BRIDGEPORT DRIVE P.O. BOX 3807 SIOUX CITY IA 51111-1001	2301 BRIDGEPORT DRIVE P.O. BOX 3807 SIOUX CITY IA 51111-1001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) / Country (25) / Zip (29): 51102-3807 / Country (30)

4. FEI Number: 43-1197693 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIBBS, RONALD L.
630 US HIGHWAY ONE
SUITE 403
NORTH PALM BEACH FL 33408

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	1.1 TITLE		☒ Change ☐ Addition
NAME	JOHN W. MILLER	1.2 NAME		
STREET ADDRESS	12801 N. CENTRAL EXPWY, N. ~~CENTRAL PLZ II~~	1.3 STREET ADDRESS	12801 N. Central Expwy	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Dallas, TX 75243	
TITLE	AS	2.1 TITLE		☒ Change ☐ Addition
NAME	LAWRENCE J. PENNER	2.2 NAME		
STREET ADDRESS	1600 TRIBUTE ROAD	2.3 STREET ADDRESS	Add Zip Code:	
CITY-ST-ZIP	SACRAMENTO CA	2.4 CITY-ST-ZIP	95815	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	KENNETH P. FENTRESS	3.2 NAME		
STREET ADDRESS	12801 N. CENTRL EXPWY, N. ~~CENTRAL PLZ III, STE. 150 DA~~	3.3 STREET ADDRESS	12801 N. Central Expwy	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Dallas, TX 75243	
TITLE	CEOP	4.1 TITLE		☒ Change ☐ Addition
NAME	GEORGE E. PATTON	4.2 NAME		
STREET ADDRESS	514 CHARTWELL ROAD	4.3 STREET ADDRESS	Add:	
CITY-ST-ZIP	OAKVILLE ONTARIO CA	4.4 CITY-ST-ZIP	L6J 5C5	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	WILSON, JIM	5.2 NAME		
STREET ADDRESS	3460 ROSEMARY LN	5.3 STREET ADDRESS	Add Zip Code:	
CITY-ST-ZIP	ELLICOTT MD	5.4 CITY-ST-ZIP	21043	
TITLE		6.1 TITLE	Asst. Treasurer	☐ Change ☒ Addition
NAME		6.2 NAME	Carla S. Culley	
STREET ADDRESS		6.3 STREET ADDRESS	2301 Bridgeport Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sioux City, IA 51111-1001	

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 119.07(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: Carla S Culley 3/17/95 712/252-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carla S. Culley, Asst. Treasurer

040193 FN