

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36745

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: RYKO MANUFACTURING CO.

## Current Principal Place of Business:

P.O. BOX 38  
GRIMES, IA 50111

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 38  
GRIMES, IA 50111

## New Mailing Address:

FEI Number: 42-1008478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KLEIN, JULIAN L.,  
Address: 1583 CHAMPIONSHIP COURT  
City-St-Zip: APOPKA, FL

Title: PVST ( ) Delete  
Name: NELSON, JAMES A.,  
Address: 4140 GREENWOOD DRIVE  
City-St-Zip: DES MOINES, IA

Title: D (X) Delete  
Name: NELSON, JAMES A  
Address: 4140 GREENWOOD DRIVE  
City-St-Zip: DES MOINES, IA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CLAWSON, SCOTT G PRESIDE  
Address: 11600 NW 54TH AVENUE  
City-St-Zip: GRIMES, IA 50111

Title: VP (X) Change ( ) Addition  
Name: NELSON, JAMES A.,  
Address: 4140 GREENWOOD DRIVE  
City-St-Zip: DES MOINES, IA

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT G. CLAWSON

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01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date