

P96000032541

(Requestor's Name)

**MidAmerican**  
**ENERGY**  
OBSESSIVELY, RELENTLESSLY AT YOUR SERVICE.

MidAmerican Energy  
P.O. Box 813  
Des Moines, Iowa 50304-0813

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R.A. Charge

LFT  
10-37-03

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Embassy Financial Services, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P 960000 32541

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul J. Leighton  
(Name of person)

MidAmerican Energy  
(Name of firm/company)

Box 657  
(Address)

Des Moines, IA 50303-0657  
(City/state and zip code)

For further information concerning this matter, please call:

Connie Sullivan  
(Name of person)

at ( 515 ) 281-2290  
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

P.J.L. OCT 21



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 16, 2003

MIDAMERICAN ENERGY  
Post Office Box 813  
Des Moines, IA 50304-0813

SUBJECT: EMBASSY FINANCIAL SERVICES, INC.  
Ref. Number: P96000032541

We have received your document for EMBASSY FINANCIAL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The registered agent must sign accepting the designation.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson  
Document Specialist Supervisor

Letter Number: 503A00056459

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Embassy Financial Services, Inc.  
2. The principal office address: 666 Grand Ave. # 2900  
Des Moines, IA 50309  
3. The mailing address (if different): Box 657  
Des Moines, IA 50303-0657  
4. Date of incorporation/qualification: 4/8/96 Document number: P96000032541  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ronald Sheffield  
1360 S. Dixie Hwy  
Coral Gables, FL 33146

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System  
1200 South Pine Island Road  
(P.O. Box or personal mailbox NOT acceptable)  
Plantation, FL 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Paul J. Light  
(Signature of an officer or director)

Paul J. Leighton, Secretary  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michael J. Smith  
(Signature of Registered Agent)

10-23-03  
(Date)

If signing on behalf of an entity:

Michael J. Smith  
(Typed or Printed Name)

Assistant Secretary  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314