

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90385 045 ***150.00

DOCUMENT # P98000017806

1. Entity Name

1060 MAITLAND TRUSTEE, INC.

Principal Place of Business

C/O PRINCIPAL MUTAL LIFE INSURANCE CO.
 711 HIGH STREET
 DE MOINES IA 50392-0001

Mailing Address

C/O PRINCIPAL MUTAL LIFE INSURANCE CO.
 711 HIGH STREET
 DE MOINES IA 50392-0001

2. Principal Place of Business

3. Mailing Address

801 Grand Ave.

Suite, Apt. #, etc.
c/o Bob Roepsch

City & State

Des Moines, Iowa

Zip

Country

50392-1360

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City



Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
 NAME **SCHMITZ, FRANK**
 STREET ADDRESS **711 HIGH ST**
 CITY-ST-ZIP **DES MOINES ID 50392-1370**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPT** ☐ Delete
 NAME **PETERSON, SCOTT**
 STREET ADDRESS **255 SHORELINE DR #600**
 CITY-ST-ZIP **REDWOOD CITY CA 94065**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Schmitz
FRANK SCHMITZ
 Assistant Director
 Institutional Marketing

S. P. Franzenburg
S. P. Franzenburg
 Director
 Asset Preservation

Date

Daytime Phone #

CR2E034 (10/00)