

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08856

Entity Name: PREFERRED PRODUCT NETWORK, INC.**Current Principal Place of Business:**711 HIGH STREET
DES MOINES, IA 50392**Current Mailing Address:**711 HIGH STREET
ATTN: SHIRLEY HOLLISTER, S-6-W87
DES MOINES, IA 50392-0306 US**FEI Number:** 42-1255850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name BARNHART, DEBORAH J
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title VP/TREASURER
Name BUTTON, TERESA M
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title SECRETARY
Name BARRY, PATRICIA A
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR/VP
Name BEER, MICHAEL J
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR
Name CECERE, NICHOLAS M
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR
Name GROVE, DOUGLAS E
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR, VP
Name LINDE, GREGORY A
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR
Name STRABLE-SOETHOUT, DEANNA D
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

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I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A BARRY**SECRETARY****04/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title EVP, GENERAL COUNSEL, SECRETARY
Name SHAFF, KAREN E
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title VP
Name BEITZEL, CARLA
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392