2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2013
Secretary of State
CC9537245635

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	PRES, D
Name	BARNHART, DEBORAH J
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

Title	SVPS
Name	HOFFMAN, JOYCE N
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

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

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

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

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

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

Title	D
Name	LINDE, GREGORY A
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 — ASSISTANT CORPORATE SECRETARY — 04/29/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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