2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2019
Secretary of State
9979006592CC

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, G-007-S45
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	ASSISTANT SECRETARY
Name	DREXLER, CATHERINE M
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

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

Title	DIRECTOR
Name	HALDER, NEAL
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

Title	DIRECTOR
Name	BIDLER, CANDENCE S
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

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

Title	VP, TREASURER
Name	GRAHAM, GINA L
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

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

Title	DIRECTOR, VP
Name	BEITZEL, CARLA
Address	711 HIGH ST
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: CATHERINE M DREXLER ASSISTANT SECRETARY 05/01/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MURRAY, MICHAEL F
Address	711 HIGH ST
City-State-Zip:	DES MOINES IA 50392