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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F97000001866*
1. Corporation Name: **Invista Capital Management, Inc.**

Principal Place of Business: **1500 Hub Tower
699 Walnut Street
Des Moines, IA 50309-3929**

Mailing Address: **1500 Hub Tower
699 Walnut Street
Des Moines, IA 50309-3929**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **711 High Street**
Suite, Apt. #, etc.

22 **Des Moines, IA**
City & State

23 **50392** **USA**
Zip Country

24 **50392** **USA**
Zip Country

2a. Mailing Address

26 **711 High Street**
Suite, Apt. #, etc.

27 **Des Moines, IA**
City & State

28 **50392** **USA**
Zip Country

29 **50392** **USA**
Zip Country

3. Date Incorporated or Qualified: **4/10/97**

4. FEI Number: **42-1238567**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CT Corporation System
1200 South Pine Island Road
PLantation, FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOT: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Barnes, Craig R.	
STREET ADDRESS	711 High Street	
CITY-ST-ZIP	Des Moines, IA 50392	
TITLE	V/D/O	<input type="checkbox"/> DELETE
NAME	Opsal, Scott D.	
STREET ADDRESS	711 High Street	
CITY-ST-ZIP	Des Moines, IA 50392	
TITLE	V/T/D/O	<input type="checkbox"/> DELETE
NAME	White, David L.	
STREET ADDRESS	711 High Street	
CITY-ST-ZIP	Des Moines, IA 50392	
TITLE	V/S	<input type="checkbox"/> DELETE
NAME	Hoffman, Joyce N.	
STREET ADDRESS	711 High Street	
CITY-ST-ZIP	Des Moines, IA 50392	
TITLE	O/S	<input type="checkbox"/> DELETE
NAME	Bricker, Mary L.	
STREET ADDRESS	711 High Street	
CITY-ST-ZIP	Des Moines, IA 50392	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Keller, Ronald E.	
STREET ADDRESS	711 High Street	
CITY-ST-ZIP	Des Moines, IA 50392	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barnes, Craig R.	
1.3 STREET ADDRESS	711 High Street	
1.4 CITY-ST-ZIP	Des Moines, IA 50392	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	C/D/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Keller, Ronald E.	
6.3 STREET ADDRESS	711 High Street	
6.4 CITY-ST-ZIP	Des Moines, IA 50392	

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****150.00 ****150.00

[Handwritten Signature]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: *Mary L. Bricker* **MARY L BRICKER ASSISTANT CORPORATE SECRETARY** **2/27/98** (515) 247-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (10/97)

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Attachment A
Invista Capital Management, Inc.
Directors and Officers

10-Feb-98

Director

Name, Title, and Date Elected

Ronald Eugene Keller Chairman	6/9/97
Craig Richard Barnes	6/9/97
Gregory Charles Hauser	6/9/97
Stephan Lowry Jones	6/9/97
Scott Davis Opsal	6/9/97
Richard Leo Prey	12/8/97
David Louis White	6/9/97
Larry Donald Zimpleman	6/9/97

Officer

Name, Title, and Date Elected

Craig Richard Barnes President	6/9/97
Dennis W. Cameron Chief Financial Officer	6/9/97
Scott Davis Opsal Executive Vice President	6/9/97
David Louis White Executive Vice President and Treasurer	6/9/97
Kelly R. Alexander Vice President	6/9/97
Catherine Ann Green Vice President	6/9/97
Michael Ray Hamilton Vice President	6/9/97
Martin Joseph Schafer Vice President	6/9/97
Judith A. Vogel Vice President	6/9/97
Joyce Nixson Hoffman Vice President and Corporate Secretary	6/9/97
Douglas Merle Angstrom Director of Institutional Marketing	6/9/97
Craig Lawrence Bassett Assistant Treasurer	6/9/97
Mary Louise Bricker Assistant Corporate Secretary	6/9/97
Michael Dennis Roughton Counsel	6/9/97

Corporation Address/Address for all Directors and Officers

711 High Street, Des Moines, Iowa 50392