

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P08856

FILED
Jan 21, 2003
Secretary of State

Entity Name: PREFERRED PRODUCT NETWORK, INC.

Current Principal Place of Business:

711 HIGH ST.
%CAROL LEVINE
DES MOINES, IA 503920300 US

New Principal Place of Business:

Current Mailing Address:

711 HIGH ST.
%CAROL LEVINE
DES MOINES, IA 503920300 US

New Mailing Address:

FEI Number: 42-1255850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUNCAN, C. ROBERT
Address: 711 HIGH ST
City-St-Zip: DES MOINES, IA 50392

Title: T () Delete
Name: BASSETT, CRAIG L
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: VS () Delete
Name: HOFFMAN, J. N.,
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: PD () Delete
Name: MCMAHON, A. M
Address: 711 HIGH ST.
City-St-Zip: DES MOINES, IA 50392

Title: P () Delete
Name: KORNWEISS, PETER R
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 503920306

Title: D () Delete
Name: EUCHER, RALPH C
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 503920306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: HOFFMAN, JOYCE N
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KORNWEISS, PETER R
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: D (X) Change () Addition
Name: EUCHER, RALPH C
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOYCE N. HOFFMAN

VS

01/21/2003

Electronic Signature of Signing Officer or Director

_____ Date