## **2013 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

FILED Apr 29, 2013

**Secretary of State** 

CC9537245635

Officer/Director Detail:

Title PRES, D Title VPT

NameBARNHART, DEBORAH JNameBUTTON, TERESA MAddress711 HIGH STREETAddress711 HIGH STREET

City-State-Zip: DES MOINES IA 50392 City-State-Zip: DES MOINES IA 50392

Title SVPS Title ACSE

NameHOFFMAN, JOYCE NNameBARRY, PATRICIA AAddress711 HIGH STREETAddress711 HIGH STREET

City-State-Zip: DES MOINES IA 50392 City-State-Zip: DES MOINES IA 50392

Title D Title D

NameBEER, MICHAEL JNameCECERE, NICHOLAS MAddress711 HIGH STREETAddress711 HIGH STREETCity-State-Zip:DES MOINES IA 50392City-State-Zip:DES MOINES IA 50392

Title D Title D

NameGROVE, DOUGLAS ENameLINDE, GREGORY AAddress711 HIGH STREETAddress711 HIGH STREET

City-State-Zip: DES MOINES IA 50392 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 04

04/29/2013

**SECRETARY** 

## Officer/Director Detail Continued:

Title D

Name STRABLE-SOETHOUT, DEANNA D

Address 711 HIGH STREET

City-State-Zip: DES MOINES IA 50392