

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08856

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC3178926071**

**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-031-W40  
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            PRESIDENT, DIRECTOR  
Name            BARNHART, DEBORAH J  
Address        711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

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

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

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

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

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

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

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

**Continues on page 2**

*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 SECRETARY    04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title VP  
Name BEITZEL, CARLA  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392