

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90062 045 \*\*\*150.00

**DOCUMENT # P08856**  
 1. Entity Name  
**PREFERRED PRODUCT NETWORK, INC.**

Principal Place of Business <b>711 HIGH ST.          %CAROL LEVINE          DES MOINES IA 50392-0300          US</b>	Mailing Address <b>711 HIGH ST.          %CAROL LEVINE          DES MOINES IA 50392-0300          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>42-1255850</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUNCAN, C. ROBERT</b>	
STREET ADDRESS	<b>711 HIGH ST</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50392</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BASSETT, CRAIG L</b>	
STREET ADDRESS	<b>711 HIGH STREET</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50392</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, J. N.</b>	
STREET ADDRESS	<b>711 HIGH STREET</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50392</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MCMAHON, A. M</b>	
STREET ADDRESS	<b>711 HIGH ST.</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50392</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KORNWEISS, PETER R</b>	
STREET ADDRESS	<b>711 HIGH STREET</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50392-0306</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EUCHER, RALPH C</b>	
STREET ADDRESS	<b>711 HIGH STREET</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50392-0306</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>- SEE ATTACHMENT A -</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Patricia A. Barry* **Patricia A. Barry** Assistant Corporate Secretary *1-16-2002* 515.247.5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment  
Doc# P08836

Attachment  
917206  
#P08836

**Attachment A**  
**Preferred Product Network, Inc.**  
**Directors and Officers**

14-Jan-02

**Director**

<b>Name, Title, and Date Elected</b>	
<b>John E. Aschenbrenner</b>	12/14/2001
Chairman	
<b>C. Robert Duncan</b>	12/14/2001
<b>Ralph C. Eucher</b>	12/14/2001
<b>Bradley G. Jensen</b>	12/14/2001
<b>Peter R. Kornweiss</b>	12/14/2001
<b>Robert A. Slepicka</b>	12/14/2001

**Officer**

<b>Name, Title, and Date Elected</b>	
<b>Peter R. Kornweiss</b>	12/14/2001
President	
<b>Michael J. Beer</b>	12/14/2001
Vice President	
<b>Jerald L. Bogart</b>	12/14/2001
Vice President	
<b>Richard A. Coleman</b>	12/14/2001
Vice President	
<b>Gregory A. Linde</b>	12/14/2001
Vice President	
<b>A. Micheal McMahon</b>	12/14/2001
Vice President	
<b>Joyce N. Hoffman</b>	12/14/2001
Senior Vice President and Corporate Secretary	
<b>Douglas C. Cunningham</b>	12/14/2001
Vice President and Controller	
<b>Craig L. Bassett</b>	12/14/2001
Vice President and Treasurer	
<b>Patricia A. Barry</b>	12/14/2001
Assistant Corporate Secretary	

**Corporation Address/Address for all Directors and Officers**

711 High Street, Des Moines, Iowa 50392