

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 10:37

DOCUMENT # **F93000002959 (5)**

1. Corporation Name:

L. R. WILLSON & SONS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 227
GAMBRILLS MD 21054

P.O. BOX 227
GAMBRILLS MD 21054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1993**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0955711

Applied For

Not Applicable

22. State Apt # etc

27. State Apt # etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature of Registered Agent (if registered agent is other than shareholder)

Signature of Registered Agent (if registered agent is shareholder)

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

**PD
WILLSON, DONALD E
1010 SHORE VIEW CIRCLE
CROWNSVILLE MD 21032**

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**VD
WILLSON, JAMES L
1342 WASHINGTON DRIVE
ANNAPOLIS MD 21403**

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**STD
SHARP, MARY E
4644 MUDDY CREEK ROAD
HARWOOD MD 20776**

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(2)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD E.

WILLSON, PRESIDENT

5/23/95

410-987-5414

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F93000003818 (2)**

1. Corporation Name:

SECOR INTERNATIONAL INCORPORATED

Principal Place of Business:

Mailing Address:

11061 NE 2ND ST., #202
BELLEVUE WA 98004

11061 NE 2ND ST., #202
BELLEVUE WA 98004

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **08/20/1993**
3a. Date of Last Report: **03/23/1994**

2. Principal Place of Business:
21. 11061 NE 2nd Street
2a. Mailing Address:
25. 11061 NE 2nd Street

Suite, Apt # etc:
22. Suite #102
27. Suite #102

City & State:
23. Bellevue, WA
28. Bellevue, WA

Zip:
24. 98004
25. USA
29. 98004
30. USA

4. FEI Number:
33-0385098
Applied For:
Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.05402 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 607.054, Florida Statutes.

SIGNATURE

(Signature of Registered Agent) (Signature of President or other officer of corporation)

(Signature of Registered Agent) (Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **PCD**
NAME: **YOUNG, JAMES A**
STREET ADDRESS: **11061 NE 2ND ST., #202**
CITY, ST, ZIP: **BELLEVUE WA**

11. TITLE: Change Addition
12. NAME: **YOUNG, JAMES A**
13. STREET ADDRESS: **11061 NE 2nd Street #102** (address only)
14. CITY, ST, ZIP: **Bellevue, WA 98004**

2. TITLE: **VPD**
NAME: **MCGRATH, ELGIE J**
STREET ADDRESS: **1800 43RD AVE. E #A408**
CITY, ST, ZIP: **SEATTLE WA 98112**

21. TITLE: Change Addition
22. NAME: **MCGRATH, ELGIE J**
23. STREET ADDRESS: **11061 NE 2nd Street #102** (address only)
24. CITY, ST, ZIP: **Bellevue, WA 98004**

3. TITLE: **ST**
NAME: **HAMILTON, E. STEVENS**
STREET ADDRESS: **15461 SE 67TH ST.**
CITY, ST, ZIP: **BELLEVUE WA 98006**

31. TITLE: Change Addition
32. NAME: **Treasurer Steve Schubert**
33. STREET ADDRESS: **11061 NE 2nd Street #102**
34. CITY, ST, ZIP: **Bellevue, WA 98004**

4. TITLE: **AS**
NAME: **BIDMAN, MARIE K**
STREET ADDRESS: **10103 SE 248TH CT., C-101**
CITY, ST, ZIP: **KENT WA**

41. TITLE: Change Addition
42. NAME: **Secretary Marie K. Bidman**
43. STREET ADDRESS: **11061 NE 2nd Street #102**
44. CITY, ST, ZIP: **Bellevue, WA 98004**

5. TITLE: **D**
NAME: **MARTIN, STEPHEN G**
STREET ADDRESS: **7121 N. COUNTY ROAD 9**
CITY, ST, ZIP: **WELLINGTON CO 80549**

51. TITLE: Change Addition
52. NAME: **Vice President/Director Walt T. Oleski**
53. STREET ADDRESS: **355 Union Blvd, Suite 200**
54. CITY, ST, ZIP: **Lakewood, CO 80228-1500**

6. TITLE: **D**
NAME: **MYLER, DAVID J**
STREET ADDRESS: **106 S. MILL ST., #202**
CITY, ST, ZIP: **ASPEN CO 81611**

61. TITLE: Change Addition
62. NAME: **Director Paul M. Yaniga**
63. STREET ADDRESS: **1115 E. Baltimor Pike**
64. CITY, ST, ZIP: **Kennett Square, PA 19348**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 this corporation or the person or persons 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 attachment with an address.

SIGNATURE: *Marie K Bidman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marie K Bidman

05-30-95
(200)
646-0280

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
CLERK OF CIRCUIT COURT
JAN 13 1995
CORP - 1 1113 03

DOCUMENT # F93000004192 (1)

1. Corporation Name:
TRANSITIONAL HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
8000 SHELBYVILLE ROAD #1300 LOUISVILLE KY 40222	8000 SHELBYVILLE ROAD #1300 LOUISVILLE KY 40222

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/13/1993	04/27/1994
Suite, Apt #, etc	Suite, Apt #, etc	4. FFI Number	Applied For
22	27	61-1245176	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	<input type="checkbox"/>
		6. This corporation has liability for intangible tax under § 199.012, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

11. Pursuant to the provisions of Sections 607 (002) and 607 (508), 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 (002), Florida Statutes.

SIGNATURE

Signature of Agent as printed with this report is not for filing. Signature of Registered Agent as printed with this report is not for filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUFFORD, RANDALL J	1. NAME	JAMES B. HOOVER
STREET ADDRESS	9300 SHELBYVILLE RD., #1300	2. STREET ADDRESS	ONE WORLD FINANCIAL CTR. STE 3601
CITY, ST, ZIP	LOUISVILLE KY 40222	3. CITY, ST, ZIP	NEW YORK, NY 10281
TITLE	D	TITLE	Executive VP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL, ANDREW M	4. NAME	JAMES J. TERBERST
STREET ADDRESS	ONE WORLD FINANCIAL CENTER, STE. 3601	5. STREET ADDRESS	9300 SHELBYVILLE RD., #1300
CITY, ST, ZIP	NEW YORK NY 10281	6. CITY, ST, ZIP	LOUISVILLE, KY 40222
TITLE	VP	TITLE	Officer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, ROBERT R	7. NAME	ROBERT A. COMPTON
STREET ADDRESS	9300 SHELBYVILLE RD., #1300	8. STREET ADDRESS	ONE AMERICAN SQUARE STE 2850
CITY, ST, ZIP	LOUISVILLE KY 40222	9. CITY, ST, ZIP	INDIANAPOLIS, IN. 46282
TITLE	VPS	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNDLEY, JOHN G.	10. NAME	JAMES KELLY
STREET ADDRESS	9300 SHELBYVILLE RD., STE 1300	11. STREET ADDRESS	1937 US 19 NORTH STE 500
CITY, ST, ZIP	LOUISVILLE KY 40222	12. CITY, ST, ZIP	CLEARWATER, FL. 34624
TITLE		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		13. NAME	ROBERT A. ORTENZIO
STREET ADDRESS		14. STREET ADDRESS	600 WILSON LANE P.O. BOX 715
CITY, ST, ZIP		15. CITY, ST, ZIP	MECHANICSBURG, PA. 17055
TITLE		TITLE	
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY, ST, ZIP		18. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

James J. TerBerst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James J. TerBerst

6/1/95

(502)-423-5117

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # F93000005051 (8)

1. Corporation Name
FOREST OAKS SHOPPING CENTER, INC.

Principal Place of Business Mailing Address
SUITE 330-W SUITE 330-W
SUITE 200W SUITE 200W
WEST DES MOINES IA 50266 WEST DES MOINES IA 50266
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/08/1993** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **42-1355396** Applied For
 Not Applicable
 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **6000 Westown Parkway** 26 **6000 Westown Parkway**
 Suite Apt. # etc. Suite Apt. # etc.
 22 **200W** 27 **200W**
 City & State City & State
 23 **West Des Moines, IA** 28 **West Des Moines, IA**
 Zip Country Zip Country
 24 **50266** 25 **U.S.** 29 **50266** 30 **U.S.**

9. Name and Address of Current Registered Agent
C T 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 607.0503, Florida Statutes.

SIGNATURE _____ (Print Name of Registered Agent) _____ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD KNAPP, WILLIAM C II 5221 NW 70TH PLACE JOHNSTON IA 50131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V HARRIS, SCOTT D 13200 HICKORY AVENUE DES MOINES IA 50325	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	GCS DAVIDSON, DIANE M 913 48TH STREET WEST DES MOINES IA 50265	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VT HARRIS, GENE 225 SOUTH 27TH STREET WEST DES MOINES IA 50285	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D GUNZENHAUSER, KEITH 2849 380 STREET VAN METER IA 50281	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	AS ANDREINI, LINDA 1104 RAPIDS ADEL IA 50003	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Troester, Keith R. 2411 N. 15th Adel, IA 50003	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(4)(b), Florida Statutes. I further certify that the information included 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 of this document, or on an attached sheet with an address.

SIGNATURE: _____ (Signature) _____ (Signature)
 — SIGNATURE AND TYPED ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR
 5/26/95
 515-221-6000

F93-5051

FOREST OAKS SHOPPING CENTER, INC.
c/o AmerUs Properties, Inc.
6000 Westown Parkway, Suite 200W
West Des Moines, IA 50266

12. ADDITIONAL OFFICERS AND DIRECTORS

TITLE D
NAME FRAIZER, MICHAEL G.
ADDRESS 10577 ELMCREST DRIVE
CITY-ST-ZIP CLIVE, IA 50325

TITLE V
NAME LANGPAUL, ROGER
ADDRESS 1212 57TH STREET
CITY-ST-ZIP WEST DES MOINES, IA 50266

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
ADDRESS
CITY-ST-ZIP

TITLE V Change
NAME LANGPAUL, ROGER
ADDRESS 14162 LAKE POINTE DRIVE
CITY-ST-ZIP CLIVE, IA 50325