

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08856

FILED
Apr 26, 2017
Secretary of State
CC9439980660

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-007-S45
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 ASSISTANT SECRETARY
Name BARRY, PATRICIA A
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 EVP, GENERAL COUNSEL,
SECRETARY
Name SHAFF, KAREN E
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title VP, TREASURER
Name GRAHAM, GINA L
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR
Name HALDER, NEAL
Address 711 HIGH STREET
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 SECRETARY 04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, DIRECTOR
Name HOOGENSEN, KARA
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR
Name SCHELHAAS, NATHAN A
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392