

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

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JUN -7 AM 10:52

DOCUMENT # P39978 (2)  
1. Corporation Name  
IDEAL COMPUTER SYSTEMS, INC.

Principal Place of Business Mailing Address  
1320 2ND AVE. SE 1320 2ND AVE. SE  
CEDAR RAPIDS IA 52403-4044 CEDAR RAPIDS IA 52403-4044

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                             | 3725 CENTER POINT ROAD NE | 26                  |                     | 07/31/1992  | 05/01/1994                     |
| 22                             | Suite, Apt. #, etc.       | 27                  | Suite, Apt. #, etc. | 4. FEI Number   | Applied For / Not Applicable   |
| 23                             | CEDAR RAPIDS, IA          | 28                  |                     | 42-1262018  |                                |
| 24                             | 52402                     | 29                  | U.S.A.              | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
|                                |                           | 30                  |                     | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
|                                |                           |                     |                     | 6. 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 |  |    |    |
| MERRITT, RICK<br>882 ROSEATE DRIVE<br>NAPLES FL 33942 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|---|--|
| TITLE                      | CP                 | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HAEFNER, DENNIS C. | 1.2 NAME  |  |
| STREET ADDRESS             | RR 2               | 1.3 STREET ADDRESS                                    | 17242 NEWPORT ROAD   |
| CITY-ST-ZIP                | ANAMOSA IA         | 1.4 CITY-ST-ZIP                                       | ANAMOSA, IA 52205  |
| TITLE                      | DST                | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HAEFNER, NANCY M.  | 2.2 NAME  |  |
| STREET ADDRESS             | RR 2               | 2.3 STREET ADDRESS                                    | 17242 NEWPORT ROAD   |
| CITY-ST-ZIP                | ANAMOSA IA         | 2.4 CITY-ST-ZIP                                       | ANAMOSA, IA 52205  |
| TITLE                      | D                  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HAEFNER, JOSEPH A. | 3.2 NAME  |  |
| STREET ADDRESS             | 15 E. ARMITAGE AVE | 3.3 STREET ADDRESS                                    | 420 N. WOLF ROAD   |
| CITY-ST-ZIP                | NORTHLAKE IL       | 3.4 CITY-ST-ZIP                                       | NORTHLAKE, IL 60164-1600   |
| TITLE                      |                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                    | 4.2 NAME  |  |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                    | 5.2 NAME  |  |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                    | 6.2 NAME  |  |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 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 110.07(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 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 if changed, or on an attachment with an address.

SIGNATURE: Nancy M. Haefner Date: 6-1-95 Telephone: 319-393-0880  
Signature, typed or printed name of signing officer or director