

1.) CORPORATION NAME:

**Preferred Product Network, Inc.**

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0514788**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ATTN: SHIRLEY HOLLISTER, G-031-W40  
711 HIGH STREET

CITY/ST/ZIP: DES MOINES, IA 50392-0306

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DEBORAH J BARNHART	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392		

NAME:	MICHAEL J BEER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	711 HIGH ST		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392		

NAME:	GREGORY A LINDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/DIR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392		

NAME:	PATRICIA A BARRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CORP SEC		
ADDRESS:	711 HIGH ST		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392		

NAME:	JOYCE N HOFFMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CORP SEC		
ADDRESS:	711 HIGH ST		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392		

NAME:	TERESA M BUTTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS M CECERE DIRECTOR 711 HIGH STREET DES MOINES, IA 50392	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS E GROVE DIRECTOR 711 HIGH STREET DES MOINES, IA 50392	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEANNA D STRABLE-SOETHOUT DIRECTOR 711 HIGH STREET DES MOINES, IA 50392	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PATRICIA A BARRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA A BARRY, ASST CORP SEC PRINTED NAME AND CORPORATE TITLE	7/29/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			