

1.) CORPORATION NAME:

Petula Prolix Development Company

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1467366**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|---------|------------|
| COMMON | 4,200 |
| PREFANV | 20,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ATTN SHIRLEY HOLLISTER,S-6-W87
711 HIGH ST

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: | RANDALL C MUNDT | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | P/CIO | | |
| ADDRESS: | 711 HIGH ST | | |
| CITY/ST/ZIP/CO: | DES MOINES, IA 50392-0306 | | |

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

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | KAREN A PEARSTON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 711 HIGH STREET | | |
| CITY/ST/ZIP/CO: | DES MOINES, IA 50392 | | |

| | | | |
|-----------------|---------------------------|---|-----------------------------------|
| NAME: | TERESA M BUTTON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP/TREASURER | | |
| ADDRESS: | 711 HIGH ST | | |
| CITY/ST/ZIP/CO: | DES MOINES, IA 50392-0306 | | |

| | | | |
|-----------------|---------------------------|---|--|
| NAME: | PATRICK G HALTER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CEO | | |
| ADDRESS: | 711 HIGH ST | | |
| CITY/ST/ZIP/CO: | DES MOINES, IA 50392-0306 | | |

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

| | | |
|--|--|--|
| NAME: KAREN E SHAFF TITLE: EVP/GC/SEC ADDRESS: 711 HIGH ST CITY/ST/ZIP/CO: DES MOINES, LA 50392-0306 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: JULIA M LAWLER TITLE: DIRECTOR ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JAMES P MCCAUGHAN TITLE: DIRECTOR ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JILL M HITTNER TITLE: CFO - PGI ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: BARBARA A MCKENZIE TITLE: EXEC DIRECTOR ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: PATRICIA A BAILEY TITLE: FINANCE DIR ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: BRETT A CASSABAUM TITLE: ASST DIRECTOR ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: THOMAS R POSPISIL TITLE: ASST GC ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392 | <input checked="" type="checkbox"/> OFFICER | <input 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 SECRETARY PRINTED NAME AND CORPORATE TITLE | 4/28/2014 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. | | |