

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003331

Entity Name: AGRICULTURAL BROKERAGE SOLUTIONS, INC.**Current Principal Place of Business:**6785 WESTOWN PKWY
WEST DES MOINES, IA 50266**Current Mailing Address:**6785 WESTOWN PKWY
ACCOUNTING DEPARTMENT
WEST DES MOINES, IA 50266 US**FEI Number: 36-4459599****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	RUTLEDGE, RONALD P
Address	6785 WESTOWN PKWY
City-State-Zip:	WEST DES MOINES IA 50266

Title	DIRECTOR
Name	RUTLEDGE, WILLIAM A
Address	6785 WESTOWN PKWY
City-State-Zip:	WEST DES MOINES IA 50266

Title	ASST. TREASURER
Name	MCENTEE, SCOTT W
Address	6785 WESTOWN PKWY ACCOUNTING DEPARTMENT
City-State-Zip:	WEST DES MOINES IA 50266

Title	TR
Name	ROGGENBURG, DARIN L
Address	6785 WESTOWN PKWY ACCOUNTING DEPARTMENT
City-State-Zip:	WEST DES MOINES IA 50266

Title	PRESIDENT
Name	RUTLEDGE, SHANNON D
Address	6785 WESTOWN PKWY
City-State-Zip:	WEST DES MOINES IA 50266

Title	SECRETARY
Name	LADEHOFF, DEBORAH
Address	6785 WESTOWN PKWY
City-State-Zip:	WEST DES MOINES IA 50266

Title	DIRECTOR
Name	SWAIN, CURTIS BRADFORD
Address	6785 WESTOWN PKWY
City-State-Zip:	WEST DES MOINES IA 50266

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: CURTIS SWAIN**DIRECTOR****03/17/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date