

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005183

Entity Name: CHURCH ASSET MANAGEMENT, INC.**Current Principal Place of Business:**1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265**Current Mailing Address:**1111 ASHWORTH ROAD
LEGAL DEP. A25
WEST DES MOINES, IA 50265 US**FEI Number:** 43-1428696**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name NOGA, ANDREW
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINE IA 50265

Title DIRECTOR
Name GLASL, MICHELLE
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title TREASURER
Name CADEMATORI, KENNETH
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title SECRETARY
Name WATERS, DONALD SAMUEL
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR
Name FLEMING, TIMOTHY
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR
Name NELSON, BRIAN
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR
Name DALEY, PATRICK
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

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: DONALD SAMUEL WATERS**SECRETARY****04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date