2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F11000002930

Entity Name: ASPIRE RESOURCES INC.

Current Principal Place of Business:

6775 VISTA DRIVE

WEST DES MOINES. IA 50266

Current Mailing Address:

6775 VISTA DRIVE

WEST DES MOINES. IA 50266 US

FEI Number: 42-1520183 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Jan 26, 2015

Secretary of State

CC0992486781

Officer/Director Detail:

Title CD Title D

NIELSEN, NORMAN HINTZE, JOHN D Name Name

100 COURT AVENUE, SUITE 600 9687 CYPRESS HAMMOCK CIRCLE, Address Address

City-State-Zip: DES MOINES IA 50309 City-State-Zip: **BONITA SPRINGS FL 34135**

Title Р Title

Name MCCULLOUGH, STEVEN W Name WITTHOFF, WALTER

Address 6775 VISTA DRIVE 6775 VISTA DRIVE Address

WEST DES MOINES IA 50266 City-State-Zip: WEST DES MOINES IA 50266 City-State-Zip:

Title TREASURER, VP

Title Name LACEY, ERIN

DEBOLT, MARY KAY Name Address 6775 VISTA DRIVE

Address 6775 VISTA DRIVE City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR

DIRECTOR Title Name

BEYERINK, CATHERINE Name HARTUNG, JOHN

1519 WEST 29TH STREET Address Address 1011 SCOTT FELTON ROAD City-State-Zip: SIOUX CITY IA 51103

City-State-Zip: INDIANOLA IA 50125

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.

01/26/2015 SIGNATURE: JEN HEMPEL SR. COMPLIANCE **ANALYST**

Electronic Signature of Signing Officer/Director Detail

Date