

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F11000002930

Entity Name: ASPIRE RESOURCES INC.**Current Principal Place of Business:**6805 VISTA DRIVE
WEST DES MOINES, IA 50266**Current Mailing Address:**6805 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name NIELSEN, NORMAN
Address 9687 CYPRESS HAMMOCK CIRCLE,
#201
City-State-Zip: ESTERO FL 34135

Title PRESIDENT
Name MCCULLOUGH, STEVEN W
Address 6805 VISTA DRIVE
City-State-Zip: WEST DES MOINES IA 50266

Title TREASURER, VP
Name LACEY, ERIN
Address 6805 VISTA DRIVE
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR
Name BEYERINK, CATHERINE
Address 1519 WEST 29TH STREET
City-State-Zip: SIOUX CITY IA 51103

Title DIRECTOR
Name HINTZE, JOHN D
Address 100 COURT AVENUE, SUITE 600
City-State-Zip: DES MOINES IA 50309

Title SECRETARY
Name DEBOLT, MARY KAY
Address 6805 VISTA DRIVE
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR
Name HARTUNG, JOHN
Address 1011 SCOTT FELTON ROAD
City-State-Zip: INDIANOLA IA 50125

Title DIRECTOR
Name KASKA, TONY S
Address 3580 EP TRUE PARKWAY, SUITE 100
City-State-Zip: WEST DES MOINES IA 50265-7654

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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: MARY KAY DEBOLT**SECRETARY****12/18/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GARCIA, JUAN
Address 2090 SUGAR CREEK DRIVE
City-State-Zip: WAUKEE IA 50263

Title DIRECTOR
Name OLLENBURG, STEVEN
Address 1701 FIRST AVENUE
City-State-Zip: ROCK ISLAND IL 61201