FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:23

DOCUMENT # 822594 (8)

1. Corporation Name
NORTH AMERICAN MANAGEMENT, INC.

Principal Place of Business	Mailing Address
ONE MIDLAND PLAZA SIOUX FALLS SD 57193	ONE MIDLAND PLAZA SIOUX FALLS SD 57193

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1969	3a. Date of Last Report: 04/29/1994
4. FEI Number: 47-0485868	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONNOR,ROBERT
112 CLAIRBOURNE AVE
SATELITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☒ Change ☐ Addition
NAME	CRAIG, JOHN J 111	1.2 NAME	Craig, John J II	
STREET ADDRESS	ONE MIDLAND PLAZA	1.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHN C. WATSON	2.2 NAME		
STREET ADDRESS	ONE MIDLAND PLAZA	2.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	SPENCER, ALAN H	3.2 NAME		
STREET ADDRESS	3801 SLATEN PARK DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	BUCHANAN, ROBERT W.	4.2 NAME		
STREET ADDRESS	3904 BIRCHWOOD	4.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, JACK L	5.2 NAME		
STREET ADDRESS	ONE MIDLAND PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD	5.4 CITY-ST-ZIP		
TITLE	VS	6.1 TITLE		☐ Change ☐ Addition
NAME	STEINBECK, TROY W	6.2 NAME		
STREET ADDRESS	ONE MIDLAND PLAZA	6.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. W. Steinbeck March 1, 1995 (605) 335-5880
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Troy W. Steinbeck, Assistant Vice President & Assistant Secretary

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