

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90302 033 ***150.00

DOCUMENT # F00000006667

1. Entity Name
AMERICAN FRATERNAL FINANCIAL SERVICES, INC.



Principal Place of Business
**230 - 16TH STREET
ROCK ISLAND IL 61201**

Mailing Address
**230 - 16TH STREET
ROCK ISLAND IL 61201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-1928104**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

City
Tallahassee

FL

Zip Code
32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anthony J. Alexander, Asst. Secretary

1/8/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ANAGNOS, KAREN E
230 - 16TH STREET
ROCK ISLAND IL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
Amy L. Walker
230 - 16th Street
Rock Island, IL 61201** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HICKS, CAROL S
230 - 16TH STREET
ROCK ISLAND IL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
John F. Wallin
230 - 16th Street
Rock Island, IL 61201** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
FRIEDERICH, JOHN A
230 - 16TH STREET
ROCK ISLAND IL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Kathleen J. Wheeler
230 - 16th Street
Rock Island, IL 61201** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DANIELS, DAISY M
230 - 16TH STREET
ROCK ISLAND IL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWITZER, LANELL D
230 - 16TH STREET
ROCK ISLAND IL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Switzer, LaNell D
230 - 16th Street
Rock Island, IL 61201** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Friedrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 2003 309-788-4561

Date

Daytime Phone #

CR2E034 (10/02)