

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004663

FILED
Apr 14, 2009
Secretary of State

Entity Name: AMERICAN TRUST & SAVINGS BANK

Current Principal Place of Business:

1225 SE E1 DORADO PARKWAY
CAPE CORAL, FL 339045680

New Principal Place of Business:

1225 SE E1 DORADO PARKWAY
CAPE CORAL, FL 339045680 US

Current Mailing Address:

895 MAIN STREET
DUBUQUE, IA 52001

New Mailing Address:

895 MAIN STREET
DUBUQUE, IA 52001 US

FEI Number: 42-0114010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, JEFFREY R
1225 SE E1 DORADO PARKWAY
CAPE CORAL, FL 339045680 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SCHRUP, NICHOLAS J III
Address: 895 MAIN STREET
City-St-Zip: DUBUQUE, IA 52001

Title: CP () Delete
Name: SCHRUP, CHARLES J III
Address: 895 MAIN STREET
City-St-Zip: DUBUQUE, IA 52001

Title: S () Delete
Name: MARSHALL, JOHN W
Address: 895 MAIN STREET
City-St-Zip: DUBUQUE, IA 52001

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: SCHRUP, NICHOLAS J III
Address: 895 MAIN STREET
City-St-Zip: DUBUQUE, IA 52001 US

Title: V (X) Change () Addition
Name: SCHRUP, CHARLES J III
Address: 895 MAIN STREET
City-St-Zip: DUBUQUE, IA 52001 US

Title: S (X) Change () Addition
Name: MARSHALL, JOHN W
Address: 895 MAIN STREET
City-St-Zip: DUBUQUE, IA 52001 US

Title: AS () Change (X) Addition
Name: DONOVAN, ROBERT J
Address: 895 MAIN STREET
City-St-Zip: DUBUQUE, IA 52001 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT J DONOVAN

AS

04/14/2009

Electronic Signature of Signing Officer or Director

Date