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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000002030 (3)

1. Corporation Name

AMANA FINANCIAL SERVICES, INC.



Principal Place of Business

2800 220TH TRAIL  
AMANA IA 52204

Mailing Address

2800 220TH TRAIL  
AMANA IA 52204

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

USA

28

Zip

Country

USA

24

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	CLOYD, SALLY F	
STREET ADDRESS	141 SPRING STREET	
CITY- ST- ZIP	LEXINGTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOLOMON, MARVIN	
STREET ADDRESS	2800 220TH TRAIL	
CITY- ST- ZIP	AMANA IA	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	SWAM, ROBERT L	
STREET ADDRESS	141 SPRING STREET	
CITY- ST- ZIP	LEXINGTON MA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BOYLE, BRUCE K	
STREET ADDRESS	2800 220TH TRAIL	
CITY- ST- ZIP	AMANA IA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SCHMIDT, DAVID L	
STREET ADDRESS	141 SPRING STREET	
CITY- ST- ZIP	LEXINGTON MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DEITCHER, HERBERT	
STREET ADDRESS	141 SPRING STREET	
CITY- ST- ZIP	LEXINGTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Boyle, Bruce C.
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)