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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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

28

Zip

Country

24

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29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

36-4013919

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

10. Name and Address of New Registered Agent

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

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's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME CLOYD, SALLY F
STREET ADDRESS 141 SPRING STREET
CITY-ST-ZIP LEXINGTON MA ☒ DELETE

TITLE VD
NAME SOLOMON, MARVIN
STREET ADDRESS 2800 220TH TRAIL
CITY-ST-ZIP AMANA IA ☐ DELETE

TITLE PCD
NAME SWAM, ROBERT L
STREET ADDRESS 141 SPRING STREET
CITY-ST-ZIP LEXINGTON MA ☐ DELETE

TITLE VT
NAME BOYLE, BRUCE C.
STREET ADDRESS 2800 220TH TRAIL
CITY-ST-ZIP AMANA IA ☐ DELETE

TITLE AT
NAME SCHMIDT, DAVID L
STREET ADDRESS 141 SPRING STREET
CITY-ST-ZIP LEXINGTON MA ☐ DELETE

TITLE AT
NAME DEITCHER, HERBERT
STREET ADDRESS 141 SPRING STREET
CITY-ST-ZIP LEXINGTON MA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 attached form with an address.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

4-21-97

319-622-5511

CR2E034 (9/96)