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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90235 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002030

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, MATTHEW	1.2 NAME	Thomas O. Burkett
STREET ADDRESS	2800 220TH TRAIL	1.3 STREET ADDRESS	1501 Seamist
CITY-ST-ZIP	AMANA IA	1.4 CITY-ST-ZIP	Houston, TX 77008
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOMON, MARVIN	2.2 NAME	Cynthia L. Smith
STREET ADDRESS	2800 220TH TRAIL	2.3 STREET ADDRESS	1501 Seamist
CITY-ST-ZIP	AMANA IA	2.4 CITY-ST-ZIP	Houston, TX 77008
TITLE	PCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWAM, ROBERT L	3.2 NAME	Frank H. Murray
STREET ADDRESS	141 SPRING STREET	3.3 STREET ADDRESS	1501 Seamist
CITY-ST-ZIP	LEXINGTON MA	3.4 CITY-ST-ZIP	Houston, TX 77008
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, BRUCE C.	4.2 NAME	
STREET ADDRESS	2800 220TH TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	AMANA IA	4.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, DAVID L	5.2 NAME	Louis T. Fox III
STREET ADDRESS	141 SPRING STREET	5.3 STREET ADDRESS	1501 Seamist
CITY-ST-ZIP	LEXINGTON MA	5.4 CITY-ST-ZIP	Houston, TX 77008
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	DEITCHER, HERBERT	6.2 NAME	
STREET ADDRESS	141 SPRING STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 4/23/99

319-622-5511

Date

Daytime Phone #

CR2E034 (11/98)

0555904