

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91293 040 ***150.00

DOCUMENT # F95000002030

1. Entity Name
AMANA FINANCIAL SERVICES, INC.

Principal Place of Business

**2800 220TH TRAIL
 AMANA IA 52204**

Mailing Address

**2800 220TH TRAIL
 AMANA IA 52204**

861



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

403 W 4th St N

Suite, Apt. #, etc.

3. Mailing Address

70 maytag corp

Suite, Apt. #, etc.

403 W 4th St N

City & State

Newton IA

City & State

Newton IA

4. FEI Number

36-4013919

Applied For

Not Applicable

Zip

Country

50208 USA

Zip

Country

50208 USA

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **GOODMAN, JONH**
 STREET ADDRESS **1501 SEAMIST DR**
 CITY-ST-ZIP **HOUSTON TX 77008**

TITLE ☐ Change ☒ Addition
 NAME **Hake Ralph**
 STREET ADDRESS **403 W 4th STN**
 CITY-ST-ZIP **Newton IA 50208**

TITLE **S** ☒ Delete
 NAME **SMITH, CYNTHIA L**
 STREET ADDRESS **1501 SEAMIST**
 CITY-ST-ZIP **HOUSTON TX 77008**

TITLE ☐ Change ☒ Addition
 NAME **S Martin Patricia**
 STREET ADDRESS **403 W 4 St N**
 CITY-ST-ZIP **Newton IA 50208**

TITLE **D** ☒ Delete
 NAME **GOODMAN, MEG**
 STREET ADDRESS **1501 SEAMIST DR**
 CITY-ST-ZIP **HOUSTON TX 77008**

TITLE ☐ Change ☒ Addition
 NAME **Klyn Steve**
 STREET ADDRESS **403 W 4 St N**
 CITY-ST-ZIP **Newton IA 50208**

TITLE **D** ☒ Delete
 NAME **ABELL, BESTY G**
 STREET ADDRESS **1501 SEAMIST DR**
 CITY-ST-ZIP **HOUSTON TX 77008**

TITLE ☐ Change ☒ Addition
 NAME **AS Scholten Roger**
 STREET ADDRESS **403 W 4 STN**
 CITY-ST-ZIP **Newton IA 50208**

TITLE **D** ☒ Delete
 NAME **ABELL, G H**
 STREET ADDRESS **1501 SEAMITST DR**
 CITY-ST-ZIP **HOUSTON TX 77008**

TITLE ☐ Change ☒ Addition
 NAME **D Wood Steven**
 STREET ADDRESS **403 W 4 St N**
 CITY-ST-ZIP **Newton IA 50208**

TITLE **CFO** ☒ Delete
 NAME **BLACKBURN, LAWRENCE**
 STREET ADDRESS **2800 20TH TR**
 CITY-ST-ZIP **AMARA IA 52204**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Klyn

Date

4/25/02

Daytime Phone #

641-792-7000

CR2E034 (9/01)