

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90185 038 ***150.00

0667569 AB

DOCUMENT # F95000002030

1. Entity Name
AMANA FINANCIAL SERVICES, INC.



Principal Place of Business
**403 W 4TH ST N
NEWTON IA 50208**

Mailing Address
**70 MAYTAG CORP
403 W 4TH ST N
NEWTON IA 50208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4013919**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HAKE, RALPH	
STREET ADDRESS	403 W 4TH ST N	
CITY-ST-ZIP	NEWTON IA 50208	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, PATRICIA	
STREET ADDRESS	403 W 4 ST N	
CITY-ST-ZIP	NEWTON IA 50208	
TITLE	T	<input type="checkbox"/> Delete
NAME	KLYN, STEVE	
STREET ADDRESS	403 W 4 ST N	
CITY-ST-ZIP	NEWTON IA 50208	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SCHOLTEN, ROGER	
STREET ADDRESS	403 W 4 ST N	
CITY-ST-ZIP	NEWTON IA 50208	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, STEVEN	
STREET ADDRESS	403 W 4 ST N	
CITY-ST-ZIP	NEWTON IA 50208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Klyn

4/28/03
Date

641 792 7000
Daytime Phone #

CR2E034 (10/02)

ATTACHMENT
10100413
F95000002030
LIST OF OFFICERS
AMANA FINANCIAL SERVICES, INC

OFFICERS

BUSINESS ADDRESS

Ralph Hake
Chairman

403 West 4th Street North
Newton, IA 50208

Steve Klyn
Treasurer

403 West 4th Street North
Newton, IA 50208

Patricia J. Martin
Secretary

403 West 4th Street North
Newton, IA 50208

Roger Scholten
Assistant Secretary

403 West 4th Street North
Newton, IA 50208

ATTACHMENT

10100413

F95000002030

LIST OF DIRECTORS

AMANA FINANCIAL SERVICES, INC

DIRECTORS

BUSINESS ADDRESS

RALPH F. HAKE

403 WEST 4TH STREET NORTH
NEWTON, IA 50208

ROGER SCHOLTEN

403 WEST 4TH STREET NORTH
NEWTON, IA 50208

STEVEN WOOD

403 WEST 4TH STREET NORTH
NEWTON, IA 50208