

#17676

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

| | |
|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # F97000002988 (0)

1. Corporation Name

AMAN COLLECTION SERVICE, INC.

Principal Place of Business

206 8TH ST.
DES MOINES IA 50309

Mailing Address

206 8TH ST.
DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

46-0240810

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | AMAN, THOMAS E | |
| STREET ADDRESS | 98310 133RD ST. | |
| CITY-ST-ZIP | ABERDEEN SD 57401 | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MOEN, DANIEL R | |
| STREET ADDRESS | 1216 NORTH MAIN | |
| CITY-ST-ZIP | ABERDEEN SC 57401 | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | PERRY, CARL | |
| STREET ADDRESS | 202 22ND AVE., NE | |
| CITY-ST-ZIP | ABERDEEN SC 57401 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | STAGG, EVERETT | |
| STREET ADDRESS | 1601 NORTHVIEW LANE | |
| CITY-ST-ZIP | ABERDEEN SC 57401 | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | GLOSS, ROBERT | |
| STREET ADDRESS | 1505 SOMERSET DR. | |
| CITY-ST-ZIP | ABERDEEN SC 57401 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HARRIS, RICHARD W | |
| STREET ADDRESS | 8225 HAMMONTREE DR. | |
| CITY-ST-ZIP | URBANDALE IA 50322 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1 South 1st Street |
| 1.4 CITY-ST-ZIP | |

| | |
|--------------------|--|
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Vice President |
| 2.3 STREET ADDRESS | Denise A. Wieland |
| 2.4 CITY-ST-ZIP | 206 Eighth Street Des Moines, IA 50309 |

| | |
|--------------------|--|
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Vice President |
| 3.3 STREET ADDRESS | Vos, Ronald D. |
| 3.4 CITY-ST-ZIP | 206 Eighth Street Des Moines, IA 50309 |

| | |
|--------------------|--|
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Vice President |
| 4.3 STREET ADDRESS | Torkelson, Eric T. |
| 4.4 CITY-ST-ZIP | 206 Eighth Street Des Moines, IA 50309 |

| | |
|--------------------|--|
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Secretary |
| 5.3 STREET ADDRESS | Kunz, Faye L. |
| 5.4 CITY-ST-ZIP | 206 Eighth Street Des Moines, IA 50309 |

| | |
|--------------------|--|
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Treasurer |
| 6.3 STREET ADDRESS | Matera, Michael J. |
| 6.4 CITY-ST-ZIP | 206 Eighth Street Des Moines, IA 50309 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

Denise A. Wieland

Vice President

April 23, 1998

(515) 557-2005

CP2E034 (10/97)