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

Mailing Address

DES MOINES IA 50309

2a. Mailing Address

206 8TH ST.

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

206 8TH ST. DES MOINES IA 50309



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS May 06, 1999 8:00 am Secretary of State 05-06-1999 90285 006 \*1,200.00

**FILED** 

## DOCUMENT # F97000002988 Corporation Name

AMAN COLLECTION SERVICE, INC.

#17676

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/09/1997

4. FEI Number

11		26		46-0240810	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,		\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	rear Intangible
14	25	29 36	ดิ	Personal Property Tax.	☐ Yes 🔏 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	stered Agent
			81 Name	E Discomb = 11 ava	
C T CORPORATION SYSTEM				. F. Drumheller dress (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD			31 Street Add	50 International Parkwa	v. Suite 146
PLANTATION FL 33324			83		
			84 City	eathrow	FL   85   Zip Code   32746
11 Dureyant t	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named cor	poration submits this statement for the purp	ose of changing its registered
office or re	egistered agent, or both, in the State of	Florida. Such change was auth	orized by the corporat	ion's board of directors. I hereby accept the	appointment as registered
	m familiar with, and accept the obligation				
SIGNATURE	Faye & Ker Signature, typed or printed ritime of registered agent	CX CAST CAST CAST CAST CAST CAST CAST CAST	) ( agistered Agent signature requir	ecretary Ap	ril 19, 1999
12.	Signature, typed or printed name or registered agent:  OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D OFFICERS AND	☐ DELETE	1.1 TITLE		Change Addition
	J.		1.2 NAME		
NAME	AMAN, THOMAS E		1.3 STREET ADDRESS		
STREET ADDRESS	1 SOUTH 1ST ST				
CITY-ST-ZIP	ABERDEEN SD 57401	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	VP				
NAME	DENISE A WIELAND		2.2 NAME		
STREET ADDRESS	206 EIGHTH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309	[ ] per ere	2. 4 CITY-ST-ZIP		Change Addition
TITLE	VP	☐ DELETE	3.1 TITLE		
NAME	VOS, RONALD D		3.2 NAME		
STREET ADDRESS	206 EIGHTH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		3.4. CITY-ST-ZIP		E O E Addition
TITLE	VP .	☐ DELETE		Vice President	☐ Change ☐ Addition
NAME	TORKELSON, ERIC T			eeley, Doug	
STREET ADDRESS	206 EIGHTH ST		4.3 STREET ADDRESS 2	06 Eighth Street	
CITY-ST-ZIP	DES MOINES IA 50309		4.4 CITY-ST-ZIP	<u>es Moĭnes, IA 50309</u>	
TITLE	S	☐ DELETE	5.1 TITLE		Change Addition
NAME	KUNZ, FAYE L		5.2 NAME		
STREET ADDRESS	206 EIGHTH ST		53 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		54 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MATERA, MICHAEL J		6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		6.4 CiTY-ST-ZiP		
14 I boroby o	ertify that the information supplied with	this filing does not qualify for th	e exemption stated in	Section 119.07(3)(i), Florida Statutes. I furt	her certify that the information

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.

Denise A. Wieland

April 19, 1999 (515) 557-7502

CR2E034 (11/98)

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Applied For