

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90311 050 ***150.00

NOTES AT

DOCUMENT # F97000002988

1. Entity Name
AMAN COLLECTION SERVICE, INC.

14030

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

2. Principal Place of Business		3. Mailing Address		4. FEI Number 46-0240810		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DRUMHELER, J.F. 250 INTERNATIONAL PARKWAY, SUITE #146 HEATHROW FL 32746				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, DANIEL R		NAME		
STREET ADDRESS	114 SOUTH MAIN		STREET ADDRESS		
CITY-ST-ZIP	ABERDEEN SD 57401		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BRUCE A		NAME		
STREET ADDRESS	206 EIGHTH ST		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DEAN R		NAME		
STREET ADDRESS	206 EIGHTH ST		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, STEVE R		NAME		
STREET ADDRESS	206 EIGHTH ST		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, FAYE L		NAME		
STREET ADDRESS	206 EIGHTH ST		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATERA, MICHAEL J		NAME	David A. Fisher	
STREET ADDRESS	206 EIGHTH ST		STREET ADDRESS	206 Eighth Street	
CITY-ST-ZIP	DES MOINES IA 50309		CITY-ST-ZIP	Des Moines, IA 50309	

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: *Michael J. Matera* **QU Vice President** **April 12, 2002** **(515) 557-7502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)