

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000616

Entity Name: SNYDER & ASSOCIATES, INC.**Current Principal Place of Business:**2727 SW SNYDER BLVD.
ANKENY, IA 50023**Current Mailing Address:**2727 SW SNYDER BLVD.
ANKENY, IA 50023**FEI Number:** 42-1379015**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	MOELLER, DAVID N.
Address	2727 SW SNYDER BLVD.
City-State-Zip:	ANKENY IA 50023

Title	VP
Name	LAND, MARK A.
Address	2727 SW SNYDER BLVD.
City-State-Zip:	ANKENY IA 50023

Title	S/T
Name	MOORE, SHERRI A.
Address	2727 SW SNYDER BLVD.
City-State-Zip:	ANKENY IA 50023

Title	D
Name	GREIMAN, WADE A.
Address	2727 SW SNYDER BLVD.
City-State-Zip:	ANKENY IA 50023

Title	D
Name	LAND, MARK A.
Address	2727 SW SNYDER BLVD.
City-State-Zip:	ANKENY IA 50023

Title	D
Name	WEST, TIM L.
Address	2727 SW SNYDER BLVD.
City-State-Zip:	ANKENY IA 50023

Title	D
Name	MOELLER, DAVID N.
Address	2727 SW SNYDER BLVD
City-State-Zip:	ANKENY IA 50023

Title	D
Name	MOORE, SHERRI A
Address	2727 SW SNYDER BLVD
City-State-Zip:	ANKENY IA 50023

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID N. MOELLER

PRESIDENT

03/17/2015

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D
Name GEIER, MICHAEL G
Address 1751 MADISON AVENUE
City-State-Zip: COUNCIL BLUFFS IA 51503

Title D
Name LIGTENBERG, DARIN
Address 6116 S. LYNCREST AVE., SUITE 104
City-State-Zip: SIOUX FALLS SD 57108