

2014 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

03/21/2014

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