

**2023 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:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** EYLIENA BAKER

01/31/2023

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

**Continues on page 2**

*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:** SHERRI MOORE**TREASURER**

01/31/2023

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 6809 S MINNESOTA AVE  
SUITE 203  
City-State-Zip: SIOUX FALLS SD 57108