## 2016 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRES** Title VΡ

MOELLER, DAVID N. Name LAND, MARK A. Name

2727 SW SNYDER BLVD. Address 2727 SW SNYDER BLVD. Address

City-State-Zip: ANKENY IA 50023 City-State-Zip: ANKENY IA 50023

Title D Title S/T

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

Title Title D

Name WEST, TIM L. LAND. MARK A. Name

Address 2727 SW SNYDER BLVD. 2727 SW SNYDER BLVD. Address

City-State-Zip: ANKENY IA 50023 City-State-Zip: ANKENY IA 50023

Title Title

Name MOORE, SHERRI A MOELLER, DAVID N. Name 2727 SW SNYDER BLVD Address 2727 SW SNYDER BLVD Address City-State-Zip: ANKENY IA 50023

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: SHERRI A. MOORE

SECRETARY/TREASURER 04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 07, 2016

**Secretary of State** 

CC6840993282

## Officer/Director Detail Continued:

Title D Title D

Name GEIER, MICHAEL G Name LIGTENBERG, DARIN

Address 1751 MADISON AVENUE Address 6116 S. LYNCREST AVE., SUITE 104

City-State-Zip: COUNCIL BLUFFS IA 51503 City-State-Zip: SIOUX FALLS SD 57108