

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001559

**FILED**  
**Feb 01, 2020**  
**Secretary of State**  
**7077644950CC**

**Entity Name:** LOWEN CORPORATION

**Current Principal Place of Business:**

1111 AIRPORT ROAD  
HUTCHINSON, KS 67501

**Current Mailing Address:**

P.O. BOX 1528  
HUTCHINSON, KS 67504-1528

**FEI Number:** 48-0980607

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, DIRECTOR  
Name            LOWEN, MATT T  
Address        1111 AIRPORT ROAD  
City-State-Zip: HUTCHINSON KS 67501

Title            VP, DIRECTOR  
Name            BROWN, ANN L  
Address        1111 AIRPORT ROAD  
City-State-Zip: HUTCHINSON KS 67501

Title            DIRECTOR  
Name            LEE, DIANE  
Address        1111 AIRPORT ROAD  
City-State-Zip: HUTCHINSON KS 67501

Title            SECRETARY, TREASURER  
Name            DANIELS, LINDA L  
Address        1111 AIRPORT ROAD  
City-State-Zip: HUTCHINSON KS 67501

*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:** LINDA L. DANIELS

**TREASURER**

**02/01/2020**

Electronic Signature of Signing Officer/Director Detail

Date