

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000007747

Entity Name: ALLIED FIRST BANK, SB**Current Principal Place of Business:**3201 ORCHARD RD.
ATTN: ADAM SKEFFINGTON
OSWEGO, IL 60534**Current Mailing Address:**3201 ORCHARD RD.
ATTN: ADAM SKEFFINGTON
OSWEGO, IL 60534 US**FEI Number:** 36-3899872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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	CEO
Name	BERTRAND, KENNETH
Address	3201 ORCHARD RD.
City-State-Zip:	OSWEGO IL 60534

Title	CCO
Name	SKEFFINGTON, ADAM
Address	3201 ORCHARD RD.
City-State-Zip:	OSWEGO IL 60534

Title	CFO
Name	FRITZ, MARK
Address	3201 ORCHARD RD.
City-State-Zip:	OSWEGO IL 60534

Title	D
Name	VAFAI, ALI
Address	3138 E. ELWOOD STREET
City-State-Zip:	PHOENIX AZ 85034

Title	D
Name	PAPASTAVROU, STAVROS
Address	1800 WALT WHITMAN RD, STE 130
City-State-Zip:	MELVILLE NY 11747

Title	LICENSING MANAGER, SAFE ACT OFFICER
Name	RANDY, MATHEUS
Address	3201 ORCHARD ROAD
City-State-Zip:	OSWEGO IL 60543

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: RANDY MATHEUS**LICENSING MANAGER,
SAFE ACT OFFICER****03/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date