



State of Rhode Island  
Department of State - Business Services Division

## Application for Amended Certificate of Authority

FOREIGN Business Corporation

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIVISION

2024 JAN 22 P 1:49

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <b>001750336</b>	2. The name of the corporation is: <b>Allied First Bank, sb</b>
3. It is incorporated under the laws of: <b>Illinois</b>	4. List the date the Certificate of Authority was issued by the RI Department of State: <b>12/29/2022</b>
5. If the entity's name has changed, state the new name: <b>Servbank, sb</b>	
Check box to indicate no change <input type="checkbox"/>	
6. The name, if different, which it elects to use in Rhode Island is:	
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: <b>Servbank, sb, Inc.</b>	
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:	
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>	
Check the box to indicate an attachment <input type="checkbox"/>	
Check box to indicate no change <input checked="" type="checkbox"/>	

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY 15K3J  
#2

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

8. If there has been an increase in the authorized shares of the corporation complete the following section:

**\*List ALL authorized shares as of this amendment.**

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the box to indicate an attachment ☐

Check box to indicate no change ☒

8a. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

\_\_\_\_\_ %

8b. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

\_\_\_\_\_ %

9. If the entity's principal place of business is changing indicate the new principal address:

Check box to indicate no change ☒

10. As required by RIGL 7-1.2-105, the corporation has paid all fees and taxes.

11. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

12. Date when the Amended Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☐ Date received (Upon filing)

☒ Later effective date (Date must be no more than 90 days from the date of filing) 02/01/2024

13. Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Officer of the Corporation

Adam Skeffington - Chief Compliance Officer, Asst. Secretary

Date

1 / 12 / 2024

Signature of Authorized Officer





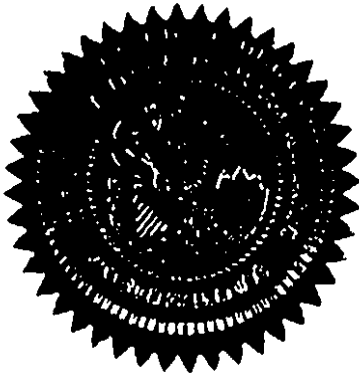
*State of Illinois*  
*Department of Financial and Professional Regulation*  
*Division of Banking*

*Date:* January 12, 2024

*Certificate*

I, **SUSANA SORIANO**, do hereby certify that, according to the records maintained by the Illinois Department of Financial and Professional Regulation, Division of Banking, **ALLIED FIRST BANK, SB, KENDALL COUNTY, OSWEGO, ILLINOIS**, has held and continues to hold authority to do a general banking business as provided by the Savings Bank Act and as permitted by its charter.

IN TESTIMONY WHEREOF, I hereby subscribe  
my name.



DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of the  
State of Illinois;  
MARIO TRETO, JR., SECRETARY

DIVISION OF BANKING

A handwritten signature in cursive script, appearing to read "Susana Soriano".

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Susana Soriano  
Acting Director



# IDFPR

Illinois Department of  
Financial and Professional Regulation

Division of Banking

idfpr.illinois.gov

**JB PRITZKER**  
Governor

**MARIO TRETO, JR.**  
Secretary

**SUSANA SORIANO**  
Acting Director

November 14, 2023

**VIA ELECTRONIC MAIL**

Shayna Arrington, Chief Risk Officer  
Allied First Bank, sb  
3201 Orchard Road  
Oswego, Illinois 60543

Dear Ms. Arrington:

This will acknowledge receipt of your letter in which you notified the Illinois Department of Financial and Professional Regulation of a name change for Allied First Bank, sb, Oswego, Illinois ("Bank") to Servbank, sb. According to the notice provided pursuant to Section 8002 and 8002.1 of the Savings Bank Act, Bank is changing its name to Servbank, sb (the "New Name") effective February 1, 2024.

We have also reviewed the correspondence in which the bank communicated the further request for the continued use of the name "Allied First Bank" as an assumed corporate name or "doing business as" designation ("DBA"). The Department has no objection to the proposed use of the DBA "Allied First Bank" for its mortgage production offices (the "Proposed DBA Use") subject to the certain conditions and requirements:

1. The proposed DBA ServBank and Servbank no objection letters from August 30, 2022 and January 19th, 2023 are hereby superseded; and
2. Prior to any Proposed DBA Use, the Bank must institute measures that, to the Department's satisfaction, will minimize the possibility that borrowers or other persons and entities may believe that they are dealing with an entity other than the Bank. (While only generally analogous, the Bank may wish to review the Interagency Statement on Branch Names (dated May 1, 1998, revised September 2004); and
3. That the Department's non-objection to the New Name and/or the Proposed DBA Use as described herein is not intended to nor does it afford the Bank any rights in support of the intended application to the Illinois Secretary of State to reserve and use the New Name or the DBA. It further may not be used as evidence of any secondary meaning in the New Name or the DBA or as a prior use granting the Bank priority over any third-party's use of the DBA.

Please notify this office in writing to confirm the date once the name change has become effective. If you have any questions, please direct any written correspondence to the Illinois Department of Financial

and Professional Regulation, Division of Banking, Corporate Activities Section, 320 West Washington Street, 5th Floor, Springfield, Illinois, 62786 or email us at [IDFPR.BanksandTrustApps@illinois.gov](mailto:IDFPR.BanksandTrustApps@illinois.gov). We can be reached by phone at (217) 785-2900.

Sincerely,



Susana Soriano  
Acting Director

SS:rc

c: John P. Bottone, Regional Director  
Federal Deposit Insurance Corporation  
Colette A. Fried, Assistant Vice President  
Federal Reserve Bank of Chicago

*State of Illinois*  
*Department of Financial and Professional Regulation*

*Date* November 14, 2023

**TO WHOM IT MAY CONCERN:**

The Illinois Department of Financial and Professional Regulation, Division of Banking, State of Illinois, does hereby approve the amended Articles of Incorporation of Allied First Bank, sb, Oswego, Illinois, as set forth hereinafter, adopted at Special Meeting of the Shareholders of the bank held on October 13, 2023 for the purposes of changing the legal name of the bank, to be effective February 1, 2024. The amended articles of Incorporation shall read as follows:

**ARTICLES OF INCORPORATION**

**OF**

**SERVBANK, SB**

**ARTICLE ONE**

The name of the savings bank is Servbank, sb.  
The bank shall retain its prior name of Allied First Bank as a dba to be used solely for its Mortgage  
Production Offices.

**ARTICLE TWO**

The location of the business office is:  
3201 Orchard Road, Oswego, IL 60543  
in the City of Oswego, County of Kendall, State of Illinois.

**ARTICLE THREE**

The duration of the savings bank shall be perpetual.

**ARTICLE FOUR**

The initial number of directors to be elected shall be seven (7). The number of directors to be  
elected may from time to time be changed as provided in the savings bank's bylaws, but in no event shall  
the number of directors elected be less than five (5).

#### **ARTICLE FIVE**

The Deposit Accounts that the savings bank may issue shall be all accounts that are permissible under applicable laws and regulations.

#### **ARTICLE SIX**

The quorum required for action of the members (except as otherwise provided by law) is 33 1/3% of votes which all members of the savings bank are entitled to cast.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL  
REGULATION;  
MARIO TRETO, JR., SECRETARY

DIVISION OF BANKING

A handwritten signature in dark ink, appearing to read 'Susana Soriano', is written over a horizontal line.

**Susana Soriano**  
**Acting Director**



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 22, 2024 01:49 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

