2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT #844768** INTERSTATES ELECTRIC & ENGINEERING CO., INC. 04-25-2001 90135 026 ***150.00 Principal Place of Business Mailing Address 1520 N MAIN AVE 1520 N MAIN AVE SIOUX CENTER IA 51250 SIOUX CENTER IA 51250 **UUU4U72**6 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 42-0932098 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD TITLE ☐ Delete TITLE. Change Addition PETERSON, SCOTT R NAME NAME STREET ADDRESS 1520 N MAIN AVE STREET ADDRESS CITY-ST-ZIP SIOUX CENTER IA CITY-ST-7IP ☐ Delete TITLE TITLE Change FRANKEN, JAMES NAME NAME 1520 N MAIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SIOUX CENTER IA 51250 CITY - ST-7IF TITLE ☐ Delete TITLE ☐ Change ☐ Addition DENHERDER, LARRY E NAME 1520 N MAIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SIOUX CENTER IA 51250 CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAMHORST, DARRELL H MAME NAME 1520 N MAIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SIOUX CENTER IA 51250 CITY-ST-ZIP TITLE ☐ Delete TITLE Change X Addition NAME NAME CRUMRINE, DAVID 1520 NORTH MAIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SIOUX CENTER, IA 51250 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filing cloes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 tryistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with