CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am DOCUMENT-# F0000002732 **Secretary of State** 1. Entity Name 01-16-2002 90040 003 ***158.75 KCS CONSTRUCTION, INC. Principal Place of Business Mailing Address 8338 KENNEDY AVE 8338 KENNEDY AVE HIGHLAND IN 46322 HIGHLAND IN 46322 2. Principal Place of Business 3. Mailing Address ٠, Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 35-1872291 Not Applicable Zip Country 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 **BROWN, LEE** Street Address (P.O. Box Number is Not Acceptable) 9242 RIDGE PINE TRAIL ORLANDO FL 32819 City Zip Code 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME MICKA, WAYNE STREET ADDRESS STREET ADDRESS 1615 SANTA ANA COURT CITY-ST-ZIP MUNSTER IN 46321 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME HENLEY, STEPHEN NAME STREET ADDRESS STREET ADDRESS 19816 MONTEREY AVENUE CITY-ST-ZLE CITY-ST-ZIP LYNWOOD IL 60411 Delete ☐ Addition TITLE TITLE Change MICKA, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 1615 SANTA ANA COURT CITY-ST-ZIP CITY-ST-ZIP MUNSTER IN 46321 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition ٨ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZUP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does 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 trustee empowered to execute this port 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 an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO