2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002331

1. Entity Name
ANDERSON ENGINEERING, INC.

Principal Place of Business	Mailing Address
730 NORTH BENTON AVENUE SPRINGFIELD, MO 65802	730 NORTH BENTON AVENUE SPRINGFIELD, MO 65802

DO NOT WRITE IN THIS SPACE

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
44-0581184
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PATD
NAME	BRADY, STEVEN L
STREET ADDRESS	730 NORTH BENTON AVENUE
CITY-ST-ZIP	SPRINGFIELD, MO 65802
TITLE	VAST
NAME	RHODES, W. BRUCE
STREET ADDRESS	501 EAST 15TH STREET
CITY-ST-ZIP	JOPLIN, MO 64804
TITLE	VSD
NAME	GRAY, MICHAEL D
STREET ADDRESS	730 NORTH BENTON AVENUE
CITY-ST-ZIP	SPRINGFIELD, MO 65802
TITLE	DV
NAME	DAVIS, LARRY
STREET ADDRESS	730 NORTH BENTON AVENUE
CITY-ST-ZIP	SPRINGFIELD, MO 65802
TITLE	DV
NAME	TARNOWIECKYI, SIEGFRIED
STREET ADDRESS	501 EAST 15TH STREET
CITY-ST-ZIP	JOPLIN, MO 64804
TITLE	V
NAME	BRADY, NEIL S
STREET ADDRESS	730 NORTH BENTON AVENUE
CITY-ST-ZIP	SPRINGFIELD, MO 65802

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03/18/04-80035-024 150.00

DO NOT WRITE IN THIS SPACE

12. 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/17/04 4178622741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #