## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004701

Address:

City-St-Zip:

8507 NW WINTER AVENUE,

KANSAS CITY, MO 64153

Entity Name: MAXAM CONSTRUCTION COMPANY, INC.

FILED Apr 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8010 STATE LINE ROAD, SUITE 160 LEAWOOD, KS 66208 **Current Mailing Address: New Mailing Address:** 8010 STATE LINE ROAD, SUITE 160 LEAWOOD, KS 66208 FEI Number: 43-1841760 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SCHAROSCH, MARK Name: Name: 22220 CANTERBURY ROAD Address: Address: City-St-Zip: BUCYRUS, KS 66013 City-St-Zip: Title: VC Title: () Delete () Change () Addition Name: STOKES, RICHARD Name: 8507 NW WINTER AVENUE Address: Address: KANSAS CITY, MO 64153 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition SCHAROSCH, KELLEY Name: Name: 22220 CANTERBURY ROAD Address: Address: City-St-Zip: NUCYRUS, KS 66013 City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition STOKES, ANNA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KELLEY SCHAROSCH DT 04/14/2004