2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002712

515 STERLING DR.

WALCOTT, IA 52773

FENNELLY, THOMAS R.

4600 E. 53RD STREET

DAVENPORT, IA 52807

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Feb 18, 2009 Secretary of State

Entity Nai	me: RUSSELL	_ CONSTRUCTION CO., IN	C. OF IOWA	4				
Current Principal Place of Business:				New Principal Place of Business:				
4600 E. 53RD STREET DAVENPORT, IA 52807 Current Mailing Address:				RUSSELL CONSTRUCTION CO., INC. 4600 E. 53RD STREET DAVENPORT, IA 52807 US				
				New Mailing Address:				
	RD STREET ORT, IA 52807			4600 E. 53 DAVENPO				
FEI Number:	:	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable (X)	Certifica	ate of Status Desired ()	
Name and	Address of C		Name and Address of New Registered Agent:					
1203 GOV	S FILINGS INC ERNORS SQL SSEE, FL 3230	JARE BLVD., STE. 101						
	named entity see of Florida.	submits this statement for the	e purpose o	f changing i	ts registere	d office or I	registered agent, or b	oth,
SIGNATUR	RE:							
	Electron	ic Signature of Registered A	gent				Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PCEO () RUSSELL, JAM 4600 E. 53RD S DAVENPORT, IA	STREET		Title: Name: Address: City-St-Zip:		(X) Change JAMES RD STREET RT, IA 52807	() Addition	
Title: Name: Address: City-St-Zip:	VCS () MIROCHA, KAT 4600 E. 53RD S DAVENPORT, I	STREET		Title: Name: Address: City-St-Zip:		(X) Change JAMES RD STREET RT, IA 52807	() Addition	
Title: Name: Address: City-St-Zip:	D () SIMMONS, JIM 1840 NW 18 ST CLIVE, IA 5032	Г., STE. 100		Title: Name: Address: City-St-Zip:		(X) Change , THOMAS RD STREET RT, IA 52807	() Addition	
Title: Name:	D () MOON, WILL	Delete		Title: Name:	S MIROCHA,	(X) Change CFO, KATHR	* *	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

4600 E. 53RD STREET

DAVENPORT, IA 52807

MIROCHA, KATHRYN

4600 E. 53RD STREET

DAVENPORT, IA 52807

(X) Change () Addition

SIGNATURE: KATHRYN M. MIROCHA Ρ 02/18/2009