

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91617 032 ***150.00

DOCUMENT # P05426

1. Entity Name

FRONTIER-KEMPER CONSTRUCTORS, INC.

Principal Place of Business

**1695 ALLEN ROAD
 P.O. BOX 6548
 EVANSVILLE IN 47710-3372**

Mailing Address

**PO BOX 6690
 EVANSVILLE IN 47719-0548
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1545591

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DPCE | <input type="checkbox"/> Delete |
| NAME | RIPPENTROP, GALYN G | |
| STREET ADDRESS | 1695 ALLEN ROAD | |
| CITY-ST-ZIP | EVANSVILLE IN | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | RAAB, RICHARD | |
| STREET ADDRESS | 415 FIFTH AVENUE | |
| CITY-ST-ZIP | PELHAM NY 10803 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GORDES, GERHARD | |
| STREET ADDRESS | 1695 ALLEN ROAD | |
| CITY-ST-ZIP | EVANSVILLE IN 47710 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BARCHET, CARL | |
| STREET ADDRESS | 1695 ALLEN ROAD | |
| CITY-ST-ZIP | EVANSVILLE IN | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | POND, ROBERT A. | |
| STREET ADDRESS | 1695 ALLEN ROAD | |
| CITY-ST-ZIP | EVANSVILLE IN | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | VEECH, STEPHEN L | |
| STREET ADDRESS | 1695 ALLEN ROAD | |
| CITY-ST-ZIP | EVANSVILLE IN 47710 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| 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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

STEPHEN L. VEECH

(812) 426 - 2741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)