


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P05426 1. Entity Name FRONTIER-KEMPER CONSTRUCTORS, INC.	
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Principal Place of Business 1695 ALLEN ROAD P.O. BOX 6690 EVANSVILLE, IN 47710-3372	Mailing Address PO BOX 6690 EVANSVILLE, IN 47719-0690 US
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04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1545591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPCE RIPPENTROP, GALYN G 1695 ALLEN ROAD EVANSVILLE, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RAAB, RICHARD 415 FIFTH AVENUE PELHAM, NY 10803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORDES, GERHARD 1695 ALLEN ROAD EVANSVILLE, IN 47710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARCHET, CARL 1695 ALLEN ROAD EVANSVILLE, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POND, ROBERT A. 1695 ALLEN ROAD EVANSVILLE, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCGLOTHLEN, CHARLES T. 1695 ALLEN ROAD EVANSVILLE, IN 47710

<p>U00000353705 05/03/05-80076-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-21-05** **812-428-8600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #