

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90396 017 \*\*\*150.00

**DOCUMENT # P05426**

1. Entity Name  
**FRONTIER-KEMPER CONSTRUCTORS, INC.**



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**

**60027810**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**35-1545591**

Applied For  
Not Applicable

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPCE  
RIPPENTROP, GALYN G  
1695 ALLEN ROAD  
EVANSVILLE, IN** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
RAAB, RICHARD  
415 FIFTH AVENUE  
PELHAM, NY 10803** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GORDES, GERHARD  
1695 ALLEN ROAD  
EVANSVILLE, IN 47710** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BARCHET, CARL  
1695 ALLEN ROAD  
EVANSVILLE, IN** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
POND, ROBERT A.  
1695 ALLEN ROAD  
EVANSVILLE, IN** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MCGLOTHLEN, CHARLES T  
1695 ALLEN ROAD  
EVANSVILLE, IN 47710** ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D  
W. David Rogstad  
4039-21st Avenue West, Suite #201  
Seattle WA 98199** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Joehen Greinacher  
1 Hausenbecke  
44319 Dortmund Germany** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Friedrich Quellmele  
36 Langekampstrasse  
44652 Herne Germany** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Assistant Treasurer  
Dana Markes  
1695 Allen Road  
Evansville IN 47710** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D/V  
Pond, Robert A.  
1695 Allen Road  
Evansville IN 47710** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Charles T. McGlothlen* **Charles T. McGlothlen**

**812-426-2741**