

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05426

FILED
Feb 03, 2009
Secretary of State

Entity Name: FRONTIER-KEMPER CONSTRUCTORS, INC.

Current Principal Place of Business:

1695 ALLEN ROAD
EVANSVILLE, IN 47710

New Principal Place of Business:

Current Mailing Address:

PO BOX 6690
EVANSVILLE, IN 477190690 US

New Mailing Address:

FEI Number: 35-1545591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: DPCE () Delete
Name: RIPPENTROP, GALYN G
Address: 1695 ALLEN ROAD
City-St-Zip: EVANSVILLE, IN

Title: DVP () Delete
Name: RAAB, RICHARD
Address: 415 FIFTH AVENUE
City-St-Zip: PELHAM, NY 10803

Title: AS () Delete
Name: MARKEE, DANA
Address: 1695 ALLEN RD
City-St-Zip: EVANSVILLE, IN 47710

Title: V () Delete
Name: BARCHET, CARL,
Address: 1695 ALLEN ROAD
City-St-Zip: EVANSVILLE, IN

Title: TS (X) Delete
Name: MCGLOTHLEN, CHARLES T
Address: 1695 ALLEN ROAD
City-St-Zip: EVANSVILLE, IN 47710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPCE (X) Change () Addition
Name: ROGSTAD, WALTER D
Address: 1695 ALLEN ROAD
City-St-Zip: EVANSVILLE, IN

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: MCGLOTHLEN, CHARLES T
Address: 1695 ALLEN ROAD
City-St-Zip: EVANSVILLE, IN 47710

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DANA MARKEE

AS

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date