2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# P32327

Entity Name: EFCO CORP.

Current Principal Place of Business:

1800 N E. BROADWAY STREET
DES MOINES, IA 503160386

New Principal Place of Business:

Current Mailing Address:

1800 N E. BROADWAY STREET
DES MOINES, IA 503160386

New Mailing Address:

FEI Number: 42-1360262 **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:	D	( ) Delete
Name:	JENNINGS, A L CEO	
Address:	1800 NE BROADWAY	
City-St-Zip:	DES MOINES, IA 50313 US	
Title:	P	( ) Delete
Name:	WEST, BRIAN PRESIDE	
Address:	1800 NE BROADWAY	
City-St-Zip:	DES MOINES, IA 50313 US	
Title:	VP	(X) Delete
Name:	MICHELS, JOSEPH VICE PR	
Address:	1800 NE BROADWAY AVE.	
City-St-Zip:	DES MOINES, IA 50313 US	
Title:	VP	( ) Delete
Name:	SCHOENFELDER, BRAD CFO	
Address:	1800 NE BROADWAY AVE.	
City-St-Zip:	DES MOINES, IA	
Title:	SEC	( ) Delete
Name:	SCHOENFELDER, BRAD SEC/TRE	
Address:	1800 NE BROADWAY	
City-St-Zip:	DES MOINES, IA 50313 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRAD SCHOENFELDER VP 01/15/2007

Electronic Signature of Signing Officer or Director — Date