

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 19, 2019
Secretary of State
6840677155CC

Entity Name: BAKER MECHANICAL INC

Current Principal Place of Business:

1600 SE CORPORATE WOODS DR
ANKENY , IA 50021

Current Mailing Address:

1600 SE CORPORATE WOODS DR
ANKENY, IA 50021 US

FEI Number: 42-0890441

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title PRESIDENT
Name BRIDGEWATER, GARY L.
Address 8161 HEATHERBOW
City-State-Zip: JOHNSTON IA 50131

Title SECRETARY
Name LADD, KATHRYN A.
Address 4385 NE CASEBEER DRIVE
City-State-Zip: ALTOONA IA 50009

Title TREASURER
Name HELM, RANDY
Address 1600 SE CORPORATE WOODS DR
City-State-Zip: ANKENY IA 50021

Title DIRECTOR
Name BAKER III, BERNARD J.
Address 1525 TULIP TREE LANE
City-State-Zip: WEST DES MOINES IA 50266

Title VP
Name COOPER , JIM
Address 1600 SE CORPORATE WOODS DR
City-State-Zip: ANKENY IA 50021

Title VP
Name CROSS, ROBERT
Address 252 COTTONWOOD DRIVE
City-State-Zip: ALTOONA IA 50009

Title VP
Name KARLOFF, DARYLD
Address 1600 SE CORPORATE WOODS DR
City-State-Zip: ANKENY IA 50021

Title VP
Name LADD, KATHRYN A.
Address 4385 NE CASEBEER DRIVE
City-State-Zip: ALTOONA IA 50009

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN A. LADD

SECRETARY

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name WRAY, TIM
Address 8808 163RD STREET WEST
City-State-Zip: TAYLOR RIDGE IL 61284