

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844768

Entity Name: INTERSTATES CONSTRUCTION SERVICES, INCORPORATED**Current Principal Place of Business:**1520 NORTH MAIN AVENUE
SIOUX CENTER, IA 51250**Current Mailing Address:**C/O CRARY HUFF LAW FIRM
614 PIERCE STREET
SIOUX CITY, IA 51101 US**FEI Number:** 42-0932098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, DIRECTOR
Name CRUMRINE, DAVID A.
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

Title CHAIRMAN, DIRECTOR
Name DEN HERDER, LARRY E.
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

Title CEO, DIRECTOR
Name PETERSON, SCOTT R.
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

Title VICE PRESIDENT OF BUSINESS
 DEVELOPMENT
Name KRAHLING, DAVID W.
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

Title VICE PRESIDENT OF OPERATIONS
Name LOS, DAVID
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

Title VICE PRESIDENT OF PROJECT
 DELIVERY
Name VAN VOORST, RANDY
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

Title VICE PRESIDENT OF PROJECT
 DELIVERY
Name MCDANIEL, L. WAYNE
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

Title TRAINING AND LICENSING OFFICER
Name REITH, LOWELL
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

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

SIGNATURE: RONALD J. HEEMSTRA**ASSISTANT TREASURER 04/05/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CONTROLLER, ASSISTANT TREASURER
Name HEEMSTRA, RONALD J.
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

Title CFO, SECRETARY, TREASURER
Name BLOOM, CATHERINE
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250

Title VICE PRESIDENT OF PROJECT
 DELIVERY
Name SCHRADER, DOUG
Address 1520 NORTH MAIN AVENUE
City-State-Zip: SIOUX CENTER IA 51250