

**2018 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  
P.O. BOX 27  
SIOUX CITY, IA 51102 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 CHAIRMAN, PRESIDENT, DIRECTOR  
Name CRUMRINE, DAVID A.  
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 REGIONAL OFFICES  
Name BRUNSTING, DOUG  
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

Title CONTROLLER, ASSISTANT TREASURER  
Name HEEMSTRA, RONALD J.  
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

**Continues on page 2**

*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 04/19/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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