

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002331

Entity Name: ANDERSON ENGINEERING, INC.**Current Principal Place of Business:**2045 W WOODLAND
SPRINGFIELD, MO 65807**Current Mailing Address:**2045 W WOODLAND
SPRINGFIELD, MO 65807**FEI Number:** 44-0581184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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 VP, DIRECTOR
Name LAMBETH, KEVIN V PRES
Address 2045 W WOODLAND
City-State-Zip: SPRINGFIELD MO 65807

Title VP, DIRECTOR
Name HOGAN, JERROD V PRES
Address 2045 W WOODLAND
City-State-Zip: SPRINGFIELD MO 65807

Title VP, DIRECTOR
Name DAVIS, LARRY
Address 2045 W WOODLAND
City-State-Zip: SPRINGFIELD MO 65807

Title SECRETARY, DIRECTOR, VP
Name ENGEL, PAUL
Address 2045 W WOODLAND
City-State-Zip: SPRINGFIELD MO 65807

Title CEO, DIRECTOR
Name BRADY, NEIL S
Address 2045 W WOODLAND
City-State-Zip: SPRINGFIELD MO 65807

Title TREASURER
Name STANFIELD, SHELIA
Address 2045 W WOODLAND
City-State-Zip: SPRINGFIELD MO 65807

Title VP, DIRECTOR
Name SNIDER, JOHN
Address 2045 W WOODLAND
City-State-Zip: SPRINGFIELD MO 65807

Title VP, DIRECTOR
Name ECKHART, JASON
Address 2045 W WOODLAND
City-State-Zip: SPRINGFIELD MO 65807

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: SHELIA STANFIELD**TREASURER****01/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VP, DIRECTOR
Name	SPRENKLE, KEVIN
Address	2045 W WOODLAND
City-State-Zip:	SPRINGFIELD MO 65807