

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000441

**Entity Name:** LUNDA CONSTRUCTION COMPANY**Current Principal Place of Business:**620 GEBHARDT ROAD  
PO BOX 669  
BLACK RIVER FALLS, WI 54615-0669**Current Mailing Address:**620 GEBHARDT ROAD  
PO BOX 669  
BLACK RIVER FALLS, WI 54615-0669 US**FEI Number:** 39-0648769**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 WISCONSIN REGIONAL VICE  
PRESIDENT  
Name HAHN, MICHAEL  
Address 620 GEBHARDT ROAD  
PO BOX 669  
City-State-Zip: BLACK RIVER FALLS WI 54615-0669

Title TREASURER AND SECRETARY  
Name FIORE, ANTHONY C.  
Address 15901 OLDEN STREET  
15901 OLDEN STREET  
City-State-Zip: SYLMAR CA 91342

Title DIRECTOR  
Name SMALLEY, GARY G.  
Address 620 GEBHARDT ROAD  
PO BOX 669  
City-State-Zip: BLACK RIVER FALLS WI 54615-0669

Title PRESIDENT AND CHIEF EXECUTIVE  
OFFICER  
Name BEHNKE, DENNIS L.  
Address 620 GEBHARDT ROAD  
PO BOX 669  
City-State-Zip: BLACK RIVER FALLS WI 54615-0669

Title CHIEF FINANCIAL OFFICER AND  
ASSISTANT SECRETARY AND  
ASSISTANT TREASURER  
Name MCGLOTHLEN, CHARLES  
Address 620 GEBHARDT ROAD  
PO BOX 669  
City-State-Zip: BLACK RIVER FALLS WI 54615-0669

Title DIRECTOR  
Name FROST, JAMES A.  
Address 620 GEBHARDT ROAD  
PO BOX 669  
City-State-Zip: BLACK RIVER FALLS WI 54615-0669

Title VICE-PRESIDENT - MINNESOTA FIELD  
OPERATIONS  
Name REIHL, BRUCE  
Address 620 GEBHARDT ROAD  
PO BOX 669  
City-State-Zip: BLACK RIVER FALLS WI 54615-0669

Title VICE-PRESIDENT?ENGINEERING  
Name QUIST, JOSEPH A.  
Address 620 GEBHARDT ROAD  
City-State-Zip: BLACK RIVER FALLS WI 54615

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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: ANTHONY C. FIORE****DIRECTOR****04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR	Title	WISCONSIN REGIONAL VICE PRESIDENT
Name	FIORE, ANTHONY C.	Name	LARSON, JOSEPH
Address	15901 OLDEN STREET 15901 OLDEN STREET	Address	620 GEBHARDT ROAD PO BOX 669
City-State-Zip:	SYLMAR CA 91342	City-State-Zip:	BLACK RIVER FALLS WI 54615-0669