

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 826668 (6)
1. Corporation Name
PHILLIPS KILN SERVICE COMPANY INC.



Principal Place of Business
2607 DAKOTA AVE
P.O. BOX 1108
SIoux CITY NE 68776
US

Mailing Address
PO BOX 1108
SIoux CITY IA 51102
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/23/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		42-0949799	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	11 TITLE	CD
NAME	PHILLIPS, CAREY M.	12 NAME	no longer
STREET ADDRESS	32421 WEST LOOP ROAD	13 STREET ADDRESS	Treasurer
CITY-ST-ZIP	SIoux CITY IA	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	
NAME	BERTNESS, ERIC A.	22 NAME	
STREET ADDRESS	317 S FORK	23 STREET ADDRESS	
CITY-ST-ZIP	S SIoux CITY NE	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	
NAME	AUSTIN, DARYL A	32 NAME	
STREET ADDRESS	31 HERITAGE	33 STREET ADDRESS	
CITY-ST-ZIP	SIoux CITY IA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	SITZMANN, DAVE	42 NAME	
STREET ADDRESS	5425 MYERS CT	43 STREET ADDRESS	
CITY-ST-ZIP	SIoux CITY IA	44 CITY-ST-ZIP	
TITLE		51 TITLE	Treasurer
NAME		52 NAME	Joseph P Dewitt
STREET ADDRESS		53 STREET ADDRESS	2825 Clark St
CITY-ST-ZIP		54 CITY-ST-ZIP	Sioux City, IA 51104
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

3-30-98 1102 1104 1107

CR2E034 (10/97)