



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 826668</b> 1. Entity Name PHILLIPS KILN SERVICES LTD. INC.		
Principal Place of Business 2607 DAKOTA AVE SO SIOUX CITY, IA 68776 US		Mailing Address PO BOX 1108 SIOUX CITY, IA 51102 US
<b>DO NOT WRITE IN THIS SPACE</b>		 01232004 No Chg-P CR2E034 (10/03)
		4. FEI Number 42-0949799 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GEBHART, WALTER 217 OAKMONT DR SOUTH SIOUX CITY, NE 68776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RASMUSSEN, RICK 3733 LINDENWOOD SIOUX CITY, IA 51104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUSTIN, DARYL A 31 HERITAGE SIOUX CITY, IA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CONNER, WILLIAM 3810 PIERCE ST SIOUX CITY, IA 51104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, TERRY 533 JOY CT SOUTH SIOUX CITY NE, IA 68776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERTRESS, ERIC A 317 SO FORK SOUTH SIOUX CITY, NE 68776	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>William D. Conner, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>WILLIAM D. CONNER</b>		1/23/04 (402) 494-6837 <small>Date Daytime Phone #</small>