

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826668

FILED
Mar 05, 2009
Secretary of State

Entity Name: PHILLIPS KILN SERVICES LTD. INC.

Current Principal Place of Business:

2607 DAKOTA AVE
SOUTH SIOUX CITY, NE 68776 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1108
SIOUX CITY, IA 51102 US

New Mailing Address:

FEI Number: 42-0949799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: GEBHART, WALTER
Address: 217 OAKMONT DR
City-St-Zip: SOUTH SIOUX CITY, NE 68776

Title: O () Delete
Name: RASMUSSEN, RICK
Address: 3733 LINDENWOOD
City-St-Zip: SIOUX CITY, IA 51104

Title: PD () Delete
Name: AUSTIN, DARYL A,
Address: 31 HERITAGE
City-St-Zip: SIOUX CITY, IA 51106

Title: TS () Delete
Name: CONNER, WILLIAM D
Address: 3810 PIERCE ST
City-St-Zip: SIOUX CITY, IA 51104

Title: VP () Delete
Name: BROWN, TERRY
Address: 533 JOY CT
City-St-Zip: SOUTH SIOUX CITY NE, IA 68776

Title: CEO () Delete
Name: BERTRESS, ERIC A
Address: 317 SO FORK
City-St-Zip: SOUTH SIOUX CITY, NE 68776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM D CONNER

TS

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date