2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# 848794

Entity Name: D.C. TAYLOR CO.

Current Principal Place of Business:

312 29TH ST NE
CEDAR RAPIDS, IA 524024816 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 97
CEDAR RAPIDS, IA 52406 US

New Mailing Address:

FEI Number: 42-0839633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: D ( ) Delete
Name: TAYLOR, WILLIAM W,
Address: 2618 DIAMONDWOOD DR SE
City-St-Zip: CEDAR RAPIDS, IA 52403

Title: ST ( ) Delete
Name: CARLSON, JANE R,
Address: 220 SCOBEY RD.
City-St-Zip: MT VERNON, IA

Title: V ( ) Delete
Name: THIRNBECK, GREGORY J, .
Address: 501 LAWNDALE DR SE
City-St-Zip: CEDAR RAPIDS, IA

Title: P ( ) Delete
Name: SUESS, PHILIP J
Address: 2003 DIAMOND RIDGE SE
City-St-Zip: CEDAR RAPIDS, IA 52403

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
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: JANE R CARLSON ST 01/27/2009

Electronic Signature of Signing Officer or Director — Date