## 2003 FOR PROFIT CORPORATION

## Feb 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR **DOCUMENT #** F02000003976 1. Entity Name 02-28-2003 90157 044 \*\*\*150.00 CSDI CONSTRUCTION, INCORPORATED Principal Place of Business Mailing Address 200 N. 6TH STREET, SUITE 200 200 N. 6TH STREET, SUITE 200 **BOISE ID 83702 BOISE ID 83702** 2. Principal Place of Business Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Boise Applied For 82-0438912 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE FELDMANN, ROBERT ☐ Change ☐ Addition NAME NAME STREET ADDRESS 651 NW 15TH STREET ADDRESS CITY-ST-ZIP MERIDIAN ID 83642 CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WARD, DAVE L NAME STREET ADDRESS 8371 PARTRIDGE DRIVE STREET ADDRESS CITY-ST-7IP NAMPA ID 83651 CiTY-ST-7IP TITLE STD-- - Delete TITLE - Change ☐ Addition NAME LEMMON, OTIS W NAME 286 W. SHERMAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOISE ID 83702** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition QUINTIERI, ALLEN E NAME 11060 BORDEN TOWER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOISE ID 83709** CITY-ST-ZIP TITLE **AST** ☐ Delete TITLE Change ☐ Addition NAME LANGAN, JEFFREY NAME STREET ADDRESS PO BOX 1824 STREET ADDRESS CITY-ST-ZIP BOISE ID 83701 CITY-ST-ZIP TITLE Delete TITI F Change Addition SHNEIDER, JEFFREY A NAME NAME STREET ADDRESS 2001 NORTH 17TH STREET STREET ADDRESS CITY-ST-ZIP **BOISE ID 83702** CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my significant or supplemental report is true and accurate and that my significant or supplemental report is true and accurate and that my significant or supplemental report is true and accurate and that my significant or supplemental report is true and accurate and that my significant or supplemental report is true. mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an officer or director priced by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered

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