

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002627

FILED  
Jan 12, 2006  
Secretary of State

Entity Name: BECKER-UNDERWOOD, INC.

## Current Principal Place of Business:

801 DAYTON AVE.  
AMES, IA 50010

## New Principal Place of Business:

## Current Mailing Address:

801 DAYTON AVE.  
AMES, IA 50010

## New Mailing Address:

FEI Number: 42-1295329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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: CEO ( ) Delete  
Name: UNDERWOOD, ROGER  
Address: 801 DAYTON AVE.  
City-St-Zip: AMES, IA 50010

Title: D ( ) Delete  
Name: UNDERWOOD, JEFF  
Address: 801 DAYTON AVE.  
City-St-Zip: AMES, IA 50010

Title: P/D ( ) Delete  
Name: INNES, PETER  
Address: 801 DAYTON AVE.  
City-St-Zip: AMES, IA 50010

Title: S ( ) Delete  
Name: FULLER, BILL  
Address: 801 DAYTON AVE.  
City-St-Zip: AMES, IA 50010

Title: D ( ) Delete  
Name: DEVRIES, TIM  
Address: 3600 IDS CENTER, 80 SOUTH 8TH STREET  
City-St-Zip: MINNEAPOLIS, MN 55402

Title: D ( ) Delete  
Name: TORGERSON, ERIK  
Address: 3600 IDS CENTER, 80 SOUTH 8TH STREET  
City-St-Zip: MINNEAPOLIS, MN 55402

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: INNES, PETER  
Address: 801 DAYTON AVE.  
City-St-Zip: AMES, IA 50010

Title: D (X) Change ( ) Addition  
Name: UNDERWOOD, ROGER  
Address: 801 DAYTON AVE.  
City-St-Zip: AMES, IA 50010

Title: D (X) Change ( ) Addition  
Name: BECKER, JEFF  
Address: 801 DAYTON AVE.  
City-St-Zip: AMES, IA 50010

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 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: BILL FULLER

S

01/12/2006

Electronic Signature of Signing Officer or Director

Date