## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2008 8:00 am Secretary of State

	71111071				, ,	Jeere	tary '	$\mathbf{o}_{\mathbf{I}}$	iaic	
DOCUMENT # F0400005764  1. Entity Name GREAT SOUTHWESTERN CONSTRUCTION, INC.							08 90126 (			
Principal Place of Business Mailing Address			•		-					
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1100 TOPEKA WAY		1701 W. GOLF ROAD								
CASTLE ROCK, CO 80104		SUITE 1012 ROLLING MEADOWS, IL 60008								
		RULLING MEADOWS, IL	00000	*	l manira em a		A BIŞI A BILL BALTI ALI			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04152008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Number 84-0739	182			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		<b>\$8.75</b> Add Fee Require		
	6. Name and Address of Current I	Registered Agent			7. Name and A	Address of Nev	v Registered A	\gent		
			Name	Name						
C T CORPORATION SYSTEM				On a deliberation of the Company of						
	TH PINE ISLAND ROAD		Street	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATI	ON, FL 33324									
			City				FL	Zip Cod	е	
			1					(a)(i.a. 1916		
	named entity submits this statement for	the purpose of changing its	registered office (	or register	red agent, or both	, in the State of	Flonda. Tam i	aminar with,	and accept	
the obligations of registered agent.										
SIGNATURE										
	Signature, typed or printed riame of registered agent a	ind title it applicable. (NOT	E: Registered Agent sign.	dura required	d when reinstating)		DATE		20.0	
FILE NOW!!! FEE IS \$150.00 After May 1; 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.0  Trust Fund Contribution.									- · · · · · · · · · · · · · · · · · · ·	
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/C	HANGES TO C	FFICERS AND	DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE	<u> </u>				☐ Change	Addition	
NAME	AGNEW, ROBERT F.	L Delete	NAME					Critical		
STREET ADDRESS	7989 BANNOCK DRIVE		STREET ADDRESS							
CITY-ST-ZIP	LARKSPUR, CO 80118		CITY-ST-ZIP							
	VPD		TITLE	11/17	a Presid	la +		Change	Addition	
TITLE		Delete	TITLE	4.	- 4 - 6/	1 ack	1	Citalige	☐ Audilion	
NAME	ORNDAHL, MICHAEL L.		NAME	pr	andon N	1. Car F	-			
STREET ADDRESS	251 CLOVER CHASE CIRCLE		STREET ADDRESS CITY-ST-ZIP	1100	Topeka	way	-1-11			
CITY-ST-ZIP	WOODSTOCK, IL 60098		G117-31-21F	100	astic Rock	C CO 80	2104		<u> </u>	
TITLE	SD	Qelete	TITLE		rector	1 1.	-	Change	Addition Addition	
NAME	LEE ORNDAHL, MICHAEL		NAME	BC	ian L. Sn	olinsk	1	•		
STREET ADDRESS	251 CLOVER CHASE CIRCLE	• •	STREET ADDRESS	178	1 001	+ 141. S	te 10,12-	_		
CITY-ST-ZIP	WOODSTOCK, IL 60098		CITY-ST-ZIP	16	olling Me	edows I	TL 6000	<u>06</u>		
TITLE	Т	Delete	TITLE	1	)			Change	Addition Addition	
NAME	VOLPE, FRANK P.		NAME							
STREET ADDRESS	1100 PLUM CREEK PKWY # 30	8	STREET ADDRESS							
CITY-ST-ZIP	CASTLE ROCK, CO 80104		CITY-ST-ZIP							
TITLE	ASC	Delete	TITLE	Sec	erctary 4	Contro	16-	Change	☐ Addition	
NAME	PETER VOLPE, FRANK		NAME 🗶	Fr	ank P. U	olnes		,		
STREET ADDRESS	1100 PLUM CREEK PARKWAY	<b>#</b> 308	STREET ADDRESS	1100	Tooks	(10)				
CITY-ST-ZIP	CASTLE ROCK, CO 80104		CITY-ST-ZIP	1 6	Topeka astle P	CKYCI	30/08	1		
TITLE	AS	☐ Delete	TITLE					☐ Change	Addition	
NAME	LOU FERGUSON, NANCY	LLI Delete	NAME							
STREET ADDRESS	2870 LOST LAKE TRAIL		STREET ADDRESS						•	
CITY-ST-ZIP	FRANKTOWN, CO 80116	•	CITY-ST-ZIP							
12. Hereby certify that the information supplied with his filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information is a supplied with his filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information is proposed to the contained on the contained in Chapter 119. Florida Statutes. I further certify that I am an officer or director.										
iz. i nereby (	Learny that the information supplied with	ture and accurate and that	my eignatura shall	have the	cama lanal affact	ac it made und	for anth: that I	am an officer	or director	

indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusfee 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. 4-18-2008 303 688: