

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002394

FILED
Feb 21, 2009
Secretary of State

Entity Name: CONSTRUCTION SERVICES & CONSULTANTS, INC.

Current Principal Place of Business:

GRANDVIEW SQUARE, SUITE 220
5201 EDEN AVENUE
EDINA, MN 55436

New Principal Place of Business:

Current Mailing Address:

GRANDVIEW SQUARE, SUITE 220
5201 EDEN AVENUE
EDINA, MN 55436

New Mailing Address:

FEI Number: 20-2698488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: CEO () Delete
Name: GILLIGAN, J. KEVIN
Address: 5201 EDEN AVENUE, SUITE 220
City-St-Zip: EDINA, MN 55436 US

Title: SEC () Delete
Name: GALLAGHER, TIMOTHY J
Address: 5201 EDEN AVENUE, SUITE 220
City-St-Zip: EDINA, MN 55436 US

Title: DIRC () Delete
Name: BROWN, NATHANAEAL A
Address: 1102 OAK STREET
City-St-Zip: WINNETKA, IL 60093 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: LUSTIG, PAUL
Address: 5201 EDEN AVENUE, SUITE 220
City-St-Zip: EDINA, MN 55436 US

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: RON SOMERVILLE

CONT

02/21/2009

Electronic Signature of Signing Officer or Director

Date