# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# F08000001161

**Entity Name:** BEN HUR CONSTRUCTION COMPANY

**Current Principal Place of Business:**

3783 RIDER TRAIL SOUTH
ST LOUIS, MO 630451114

**New Principal Place of Business:**

**Current Mailing Address:**

3783 RIDER TRAIL SOUTH
ST LOUIS, MO 630451114

**New Mailing Address:**

**FEI Number: 43-0178210** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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: | VPST | ( ) Delete |
| Name: | SCHMIDT, THOMAS J | |
| Address: | 3783 RIDER TRAIL SOUTH | |
| City-St-Zip: | ST LOUIS, MO 630451114 | |
| Title: | DCFO | ( ) Delete |
| Name: | SCHMIDT, THOMAS J | |
| Address: | 3783 RIDER TRAIL SOUTH | |
| City-St-Zip: | ST LOUIS, MO 630451114 | |
| Title: | CD | ( ) Delete |
| Name: | BROWN, JOHN | |
| Address: | 3783 RIDER TRAIL SOUTH | |
| City-St-Zip: | ST LOUIS, MO 630451114 | |
| Title: | PCEO | ( ) Delete |
| Name: | BROWN, WILLIAM W | |
| Address: | 3783 RIDER TRAIL SOUTH | |
| City-St-Zip: | ST LOUIS, MO 630451114 | |
| Title: | D | ( ) Delete |
| Name: | BROWN, WILLIAM W | |
| Address: | 3783 RIDER TRAIL SOUTH | |
| City-St-Zip: | ST LOUIS, MO 630451114 | |
| Title: | VPD | ( ) Delete |
| Name: | BROWN III, WILLIAM N | |
| Address: | 2120 MONTCALM STREET | |
| City-St-Zip: | INDIANAPOLIS, IN 46202 | |

**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: | |
| 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: THOMAS J. SCHMIDT DCFO 04/28/2009

Electronic Signature of Signing Officer or Director — Date