

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000441

FILED
Mar 15, 2011
Secretary of State

Entity Name: LUNDA CONSTRUCTION COMPANY

Current Principal Place of Business:

620 GEBHARDT ROAD
BLACK RIVER FALLS, WI 546159152

New Principal Place of Business:

Current Mailing Address:

620 GEBHARDT ROAD
BLACK RIVER FALLS, WI 546159152

New Mailing Address:

PO BOX 669
BLACK RIVER FALLS, WI 546150669

FEI Number: 39-0648769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: STD
Name: HOLMQUIST, CARL W
Address: N7142 WATERS EDGE ROAD
City-St-Zip: BLACK RIVER FALLS, WI 54615

Title: PD
Name: LUNDA, LARRY
Address: 909 HARRISON STREET
City-St-Zip: BLACK RIVER FALLS, WI 54615

Title: VD
Name: BEHNKE, DENNIS L
Address: N7231 COUNTY ROAD E
City-St-Zip: RIVER FALLS, WI 55402

Title: D
Name: LISTER, THOMAS
Address: N6570 RIVERVIEW DRIVE
City-St-Zip: BLACK RIVER FALLS, WI 54615

Title: VD
Name: BRAUN, TOM R
Address: 14375 WOODMOUNT DRIVE
City-St-Zip: BROOKFIELD, WI 53005

Title: VD
Name: QUIST, JOSEPH A
Address: 2319 BEECH ROAD
City-St-Zip: BRILLION, WI 54110

I hereby 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 all other like empowered.

SIGNATURE: CARL W. HOLMQUIST

SEC

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date