

# 2000 UNIFORM BUSINESS REPORT (UBR)

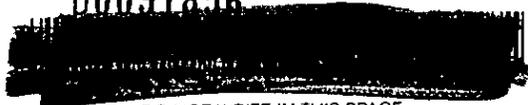
**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90029 049 \*\*\*150.00

DOCUMENT # F93000005848 ✓  
 1. Entity Name  
**INDECO ENGINEERING & CONSTRUCTION, INC. ✓**

Principal Place of Business <b>Indeco, Inc.</b> <b>630 River Drive</b> <b>P.O. Box 1148</b> <b>Bettendorf, IA 52722</b>	Mailing Address <b>Indeco, Inc.</b> <b>630 River Drive</b> <b>P.O. Box 1148</b> <b>Bettendorf, IA 52722</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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**80091856**  
  
 DO NOT WRITE IN THIS SPACE

4. FEI Number <b>41-1420378</b> ✓	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:

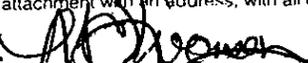
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Philip R. Johnson</b> <b>23577 MN Hwy 22</b> <b>Litchfield, MN 55355</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Paul H. Schwartz</b> <b>707 48th St.</b> <b>Moline, IL 61265</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>William McDonald</b> <b>3200 39th St.</b> <b>Moline, IL 61265</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>M.C. Swanson</b> <b>66506 CSAH 11</b> <b>Darwin, MN 55324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Benita R. Rueckert</b> <b>59809 CSAH 11</b> <b>Litchfield, MN 55355</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Delete <b>Phyllis Ward</b> <b>6091 Raven Ridge Ct.</b> <b>Rockford, MN 55373</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **M.C. Swanson** **4/27/00** **(320) 693-4208**