

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90177 018 \*\*\*150.00

ORIGINAL AIR

DOCUMENT # F97000005620

1. Entity Name

DONDLINGER &amp; SONS CONSTRUCTION CO., INC.

Principal Place of Business

P.O. BOX 398  
WICHITA KS 67201-0398

Mailing Address

P.O. BOX 398  
WICHITA KS 67201-0398

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

48-0601790

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME DONDLINGER, THOMAS E  
 STREET ADDRESS 817 LINDEN CT  
 CITY-ST-ZIP WICHITA KS 67206

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME DONDLINGER, PAUL J  
 STREET ADDRESS 13824 PINNACLE  
 CITY-ST-ZIP WICHITA KS 67230

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ST ☐ Delete  
 NAME PHILLIPS, GREGORY D  
 STREET ADDRESS 1914 WHITE OAK  
 CITY-ST-ZIP WICHITA KS 67207

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME DONDLINGER, JAMES N  
 STREET ADDRESS 8638 SW LOST LAKE RD  
 CITY-ST-ZIP ANDOVER KS 67002

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME DONDLINGER JR, MARTIN C  
 STREET ADDRESS 1116 N DOREEN  
 CITY-ST-ZIP WICHITA KS 67206

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AST ☐ Delete  
 NAME EVANS, ERMA  
 STREET ADDRESS 532 S. GREENWOOD  
 CITY-ST-ZIP WICHITA KS 67211

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Gregory D. Phillips*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/02 (316) 945-0555

Date

Daytime Phone #

CR2E034 (9/01)