

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000982

1. Entity Name

BCI CONSTRUCTION, INC.

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

05-16-2000 90033 021 ***158.75

Principal Place of Business

Mailing Address

453 SOUTH WEBB ROAD
 WICHITA KS 67207

453 SOUTH WEBB ROAD
 WICHITA KS 67207-1309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10000 Innovation Dr.

10000 Innovation Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Dept.

Tax Dept.

City & State

City & State

Milwaukee WI

Milwaukee WI

Zip

Country

Zip

Country

53226

53224

4. FEI Number

48-1014013

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FREY, MICHAEL F	
STREET ADDRESS	453 SOUTH WEBB ROAD	
CITY-ST-ZIP	WICHITA KS	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KNOTT, R G	
STREET ADDRESS	453 SOUTH WEBB ROAD	
CITY-ST-ZIP	WICHITA KS	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	BUCHANAN, TIMOTHY J	
STREET ADDRESS	453 SOUTH WEBB ROAD	
CITY-ST-ZIP	WICHITA KS	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NELSON, GARY L	
STREET ADDRESS	453 SOUTH WEBB ROAD	
CITY-ST-ZIP	WICHITA KS	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GASSETT, DAN	
STREET ADDRESS	453 SOUTH WEBB ROAD	
CITY-ST-ZIP	WICHITA KS	
TITLE	AS	<input type="checkbox"/> Delete
NAME	OHLENDORF, MARK	
STREET ADDRESS	450 N SUNNYSLOPE RD, #300	
CITY-ST-ZIP	BROOKFIELD WI 53005	

TITLE	Lasky, William P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10000 Innovation Dr.	
STREET ADDRESS	Milwaukee WI 53226	
CITY-ST-ZIP		
TITLE	VS Komula, Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10000 Innovation Dr.	
STREET ADDRESS	Milwaukee WI 53226	
CITY-ST-ZIP		
TITLE	Pick, Steven L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10000 Innovation Dr.	
STREET ADDRESS	Milwaukee WI 53226	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10000 Innovation Dr.	
STREET ADDRESS	Milwaukee WI 53226	
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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)