

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000004248

FILED
Jan 14, 2003
Secretary of State

Entity Name: STUEVE CONSTRUCTION CO.

Current Principal Place of Business:

2201 EAST OAK STREET
ALGONA, IA 50511

New Principal Place of Business:

Current Mailing Address:

2201 EAST OAK STREET
ALGONA, IA 50511

New Mailing Address:

FEI Number: 42-1106012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CD () Delete
Name: BURNS, JOHN R
Address: 500 N. CHURCH ST.
City-St-Zip: ALGONA, IA

Title: PD () Delete
Name: BURNS, DANIEL T
Address: 1000 WITTKOPF LANE
City-St-Zip: ALGONA, IA 50511

Title: VP () Delete
Name: PYLE, DANIEL W
Address: 40 HOOVER BLVD.
City-St-Zip: WEST BRANCH, IA 52358

Title: STD () Delete
Name: BURNS, JOHN R
Address: 500 N. CHURCH STREET
City-St-Zip: ALGONA, IA 50511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ANDERSON, STEVEN A
Address: 417 SOUTH SAMPLE STREET
City-St-Zip: ALGONA, IA 50511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL T BURNS

PD

01/14/2003

Electronic Signature of Signing Officer or Director

Date