

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90727 025 ****50.00

DOCUMENT #

1. Entity Name
VULCAN CONSTRUCTION, LLC
400 LOCUST STREET, SUITE 300
DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE

B0054626

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
400 LOCUST ST., STE. 300

3. Mailing Address
400 LOCUST ST., STE 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DES MOINES IA

City & State
DES MOINES IA

4. FEI Number
42-1512624

Applied For
Not Applicable

Zip 50309 Country POLK

Zip 50309 Country POLK

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City PLANTATION FL Zip Code 33324

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GLENN DE STIGTER
3209 NE TRILEIN DRIVE
ANKENY IA 50021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
CRAIG P. DAMOS
1623 PLUM THICKET
WEST DES MOINES IA 50266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
DAVID S. STRUTT
301 41ST STREET
WEST DES MOINES IA 50265

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
DONALD R. BLUM
1844 NW 151st COURT
CLIVE IA 50325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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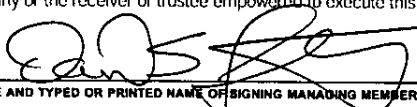
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



DAVID S. STRUTT, SECRETARY

03/15/02 515-698-4260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)