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	3. Mailing Address
400 LOCUST ST., STE. 300	400 LOCUST ST., STE 300
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DES MOINES IA	City & State: DES MOINES IA
Zip: 50309 Country: POLK	Zip: 50309 Country: POLK

4. FEI Number: 42-1512624 ☐ Applied For ☐ Not Applicable

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

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	PRESIDENT
NAME	GLENN DE STIGTER
STREET ADDRESS	3209 NE TRILEIN DRIVE
CITY-ST-ZIP	ANKENY IA 50021
TITLE	VICE PRESIDENT
NAME	CRAIG P. DAMOS
STREET ADDRESS	1623 PLUM THICKET
CITY-ST-ZIP	WEST DES MOINES IA 50266
TITLE	SECRETARY
NAME	DAVID S. STRUTT
STREET ADDRESS	301 41ST STREET
CITY-ST-ZIP	WEST DES MOINES IA 50265
TITLE	TREASURER
NAME	DONALD R. BLUM
STREET ADDRESS	1844 NW 151st COURT
CITY-ST-ZIP	CLIVE IA 50325
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E083B (12/01)

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 #