

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90008 024 ****50.00

DOCUMENT # M03000003323

1. Entity Name

GLEESON CONSTRUCTORS, L.L.C.



Principal Place of Business

2015 E 7TH STREET
SIOUX CITY, IA 51101

Mailing Address

POB 625
SIOUX CITY, IA 51102



01132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0729090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GCI, INC.
STREET ADDRESS	2015 E 7TH STREET PO BOX 625
CITY-ST-ZIP	SIOUX CITY, IA 51101

TITLE	P
NAME	VANDEZANDSCHULP, HARLN
STREET ADDRESS	2015 E 7TH ST
CITY-ST-ZIP	SIOUX CITY, IA 51101

TITLE	VP
NAME	RENS, RONALD L
STREET ADDRESS	2015 E 78TH ST
CITY-ST-ZIP	SIOUX CITY, IA 51101

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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.

GCI, INC. MANAGING MEMBER BY ROBERT J. DESMIDT, SECRETARY

SIGNATURE: _____

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

01/13/2005 712-233-3240

Date

Daytime Phone #