2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# M03000003323

Entity Name: GLEESON CONSTRUCTORS, L.L.C.

Current Principal Place of Business:

2015 E 7TH STREET
SIOUX CITY, IA 51101

New Principal Place of Business:

Current Mailing Address:

PO BOX 625
SIOUX CITY, IA 511020625 US

New Mailing Address:

FEI Number: 76-0729090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	GCI, INC.,	
Address:	2015 E 7TH STREET PO BOX 625	
City-St-Zip:	SIOUX CITY, IA 51101	
Title:	P	( ) Delete
Name:	VANDEZANDSCHULP, HARLAN	
Address:	2015 E 7TH ST	
City-St-Zip:	SIOUX CITY, IA 51101	
Title:	EVP	( ) Delete
Name:	RENS, RONALD L	
Address:	2015 E 78TH ST	
City-St-Zip:	SIOUX CITY, IA 51101	
Title:	ST	( ) Delete
Name:	DESMIDT, ROBERT J	
Address:	2015 E 7TH ST	
City-St-Zip:	SIOUX CITY, IA 51101	
Title:	VP	( ) Delete
Name:	BLACK, JAMES A	
Address:	2015 E 7TH ST	
City-St-Zip:	SIOUX CITY, IA 51101	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOB DESMIDT ST 01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date