2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # P12980** 1. Entity Name OAKVIEW CONSTRUCTION, INC. 05-14-2001 90009 037 ***150.00 Mailing Address Principal Place of Business PO BOX 450 PO BOX 450 PARKWEST PARKWEST 971715 RED OAK IA 51566 **RED OAK IA 51566** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 42-1285322 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ERICKSON, ROGER L. NAME NAME 700 HAMMOND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RED OAK IA CITY-ST-7IP ☐ Addition Change TITLE □ Delete GAWLEY, MICHAEL J. NAME NAME 11311 "Z" ST. STREET ADDRESS STREET ADDRESS OMAHA NE CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE YEAGER, PAULINE M NAME NAME 705 WASHINGTON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RED OAK IA 51566** CITY-ST-ZIP Change Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director

Daytime Phone #

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 in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.