2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 AM
Secretary of State

DOCUMENT# P28742

Entity Name: DELTA T CONSTRUCTION CO., INC.

Current Principal Place of Business:

W137 N5732 WILLIAMS PLACE
MENOMONEE FALLS, WI 53051

New Principal Place of Business:

Current Mailing Address:

W137 N5732 WILLIAMS PLACE
MENOMONEE FALLS, WI 53051

New Mailing Address:

FEI Number: 39-1421168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES INC
526 E PARK AVENUE
TALLAHASSEE, FL 32301 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: DOHOGNE, JOHN A
Address: W137 N5732 WILLIAMS PLACE
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: VD ( ) Delete
Name: FREDERIKSEN, TERRY B
Address: W137 N5732 WILLIAMS PLACE
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: S ( ) Delete
Name: RAY, R. KYLE
Address: W137 N5732 WILLIAMS PLACE
City-St-Zip: MENOMONEE FALLS, WI 53051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 electronic signature shall have the same legal effect as if made under oath; that I am an officer or director 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. KYLE RAY S 04/09/2002

Electronic Signature of Signing Officer or Director Date