

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90082 019 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P29094</b>			
1. Entity Name <b>K2 CONSTRUCTION, INC.</b>			
Principal Place of Business <b>8555 W. HACKAMORE DRIVE SUITE 200 BOISE ID 83709</b>		Mailing Address <b>8555 W. HACKAMORE DRIVE SUITE 200 BOISE ID 83709</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>82-0357367</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREIZENBECK, MARK J 3959 MULDOON MERIDIAN ID <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KREIZENBECK, DONNA MD 3959 MULDOON MERIDIAN ID <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.			
SIGNATURE: <i>Mark J. Kreizenbeck</i>		Date: 01/05/01 Daytime Phone #: (208) 377-9139	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)



GENERAL CONTRACTORS  
CONSTRUCTION MANAGERS

January 5, 2001

State of Florida  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**RE: 2001 Uniform Business Report**  
**FEI: 82-0357367 -**

Dear Sir or Madam:

Enclosed is the above referenced report and our check in the amount of \$158.75. We have included \$8.75 in order to receive a Certificate of Status. Please forward the Certificate of Status to my attention at the address printed below.

Thank you for your assistance.

Sincerely,

**K2 CONSTRUCTION, INC.**

  
Marianne Welsh  
Administration

Enclosures: 1) UBR  
2) Check

Z:\FL.ltr/mw



\* 8555 W. HACKAMORE DR. • SUITE 200 • BOISE, IDAHO 83709-1665 • (208) 377-9139 • FAX (208) 377-9149