2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32327

Entity Name: EFCO CORP.

FILED Mar 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1800 N E. BROADWAY STREET 1800 N E. BROADWAY STREET DES MOINES, IA 503160386 DES MOINES, IA 503132644 US **Current Mailing Address: New Mailing Address:** 1800 N E. BROADWAY STREET 1800 N E. BROADWAY STREET DES MOINES, IA 503160386 DES MOINES, IA 503132644 US FEI Number: 42-1360262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JENNINGS, A L CEO Name: Name: 1800 NE BROADWAY Address: Address: City-St-Zip: DES MOINES, IA 50313 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: WEST, BRIAN PRESIDE Name: 1800 NE BROADWAY Address: Address: DES MOINES, IA 50313 US City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition SCHOENFELDER, BRAD CFO SCHOENFELDER, BRAD CFO Name: Name: 1800 NE BROADWAY AVE. 1800 NE BROADWAY AVE. Address: Address: City-St-Zip: DES MOINES, IA City-St-Zip: DES MOINES, IA 50313 Title: SEC () Delete Title: () Change () Addition

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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRAD SCHOENFELDER CFO 03/12/2008

SCHOENFELDER, BRAD SEC/TRE

1800 NE BROADWAY

DES MOINES, IA 50313 US

Name: Address:

City-St-Zip: