

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P32327

Entity Name: EFCO CORP.

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1800 N E. BROADWAY STREET  
DES MOINES, IA 503132644 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 N E. BROADWAY STREET  
DES MOINES, IA 503132644 US

**New Mailing Address:**

FEI Number: 42-1360262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JENNINGS, A L CEO  
Address: 1800 NE BROADWAY  
City-St-Zip: DES MOINES, IA 50313 US

Title: P  
Name: BENNETHUM, CURT PRESIDE  
Address: 1800 NE BROADWAY  
City-St-Zip: DES MOINES, IA 50313 US

Title: TREA  
Name: LOECHER, RYAN  
Address: 4456 WESTWOOD DR.  
City-St-Zip: WEST DES MOINES, IA 50313

I hereby 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 all other like empowered.

SIGNATURE: RYAN LOECHER

TREA

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date