


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90123 011 \*\*\*150.00

<b>DOCUMENT # P33446</b> 1. Entity Name <b>KINSEL INDUSTRIES, INC.</b>					
Principal Place of Business <b>8121 BROADWAY, SUITE 300 HOUSTON, TX 77061</b>			Mailing Address <b>702 SPIRIT 40 PARK DR. CHESTERFIELD, MO 63005</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROONEY, THOMAS S 702 SPIRIT 40 PARK DR. CHESTERFIELD, MO 63005	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S David F. Morris 702 Spirit 40 Park Drive Chesterfield, MO 63005
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF FARMAN, CHRISTIAN G 702 SPINT 40 PARK DR. CHESTERFIELD, MO 63005	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas E. Vossman (same as above)
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Thomas A.A. Cook (same as above)	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V H. Douglas Thomas (same as above)
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patricia L. Slomski (same as above)	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Timothy R. Minahan (same as above)
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Catherine Threadgill (same as above)	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Proj. Mgr Byron Wood (same as above)
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(see attached list)				
		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Suta Tungsiripat (same as above)
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			



06202005 Chg-P CR2E034 (10/03)

4. FEI Number **76-0010791** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  / David F. Morris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

636-530-8020

Date

Daytime Phone #

# ATTACHMENT



**Insituform**

Technologies, Inc.

14018540

#P33446

## KINSEL INDUSTRIES, INC. \*

### Officers and Directors

DIRECTORS
<b>Thomas S. Rooney, Jr.</b> President and Chief Executive Officer
<b>Christian G. Farman</b> Senior Vice President and Chief Financial Officer
<b>David F. Morris</b> Vice President, General Counsel & Secretary

OFFICERS
<b>Thomas S. Rooney, Jr.</b> President and Chief Executive Officer
<b>Thomas E. Vossman</b> Senior Vice President and Chief Operating Officer
<b>Christian G. Farman</b> Senior Vice President and Chief Financial Officer
<b>David F. Morris</b> Vice President, General Counsel & Secretary
<b>H. Douglas Thomas</b> Vice President
<b>Timothy R. Minahan</b> Vice President
<b>Tom Hayes</b> Vice President
<b>John H. McGillis</b> Vice President
<b>Byron Wood</b> Project Manager and Contracting and Attesting Officer
<b>Darrell Black</b> Assistant Secretary
<b>Andy Peterka</b> Assistant Secretary
<b>Robin Smith</b> Assistant Secretary
<b>Suta Tungsiripat</b> Assistant Secretary

### Business Address for Officers and Directors:

702 Spirit 40 Park Drive  
Chesterfield, MO 63005