

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P38675

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

Entity Name: IOWA MCCLAUGHLIN CONSTRUCTION CO. INC.

Current Principal Place of Business:

N1578 COUNTY ROAD A
WAUPACA, WI 54981 US

New Principal Place of Business:

Current Mailing Address:

N1578 COUNTY ROAD A
WAUPACA, WI 54981 US

New Mailing Address:

FEI Number: 42-1144342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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: ST () Delete
Name: FORD, THOMAS J
Address: N1578 COUNTY RD A
City-St-Zip: WAUPACA, WI

Title: VD () Delete
Name: DUNHAM, DUANE,
Address: N1578 COUNTY RD A
City-St-Zip: WAUPACA, WI

Title: DCP () Delete
Name: SIZEMORE, JEFF
Address: 2300 HIGHLAND VILLAGE RD SUITE 700
City-St-Zip: HIGHLAND VILLAGE, TX 75077

Title: V () Delete
Name: SHEPARD, TOM
Address: 2300 HIGHLAND VILLAGE RD SUIT 700
City-St-Zip: HIGHLAND VILLAGE, TX 75077

Title: D () Delete
Name: GIGNAC, RAYMOND
Address: 416 STARR ST
City-St-Zip: CORPUS CHRISTI, TX 78401

Title: D () Delete
Name: SEDWICK, JAMES A JR
Address: 6126 LOST CREEK
City-St-Zip: CORPUS CHRISTI, TX 78401

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:

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: TOM FORD

ST

04/09/2002

Electronic Signature of Signing Officer or Director

Date