

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40502

1. Entity Name

HENNING CONSTRUCTION COMPANY

Principal Place of Business

5870 MERLE HAY ROAD
JOHNSTON IA 50131

Mailing Address

P.O. BOX 394
JOHNSTON IA 50131-0394

2. Principal Place of Business

5800 merle Hay Road

3. Mailing Address

Suite, Apt. #, etc.

Suite 14

City & State

Johnston IA

Zip

50131

Country

USA

Zip

Country

4. FEI Number

42-0936661

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC HENNING, JEFFRY L. 5870 MERLE HAY ROAD JOHNSTON IA 50131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARRER, DEL 5870 MERLE HAY ROAD JOHNSTON IA 50131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENNING, OWEN 5870 MERLE HAY ROAD JOHNSTON IA 50131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSEL, COLLEEN 5870 MERLE HAY ROAD JOHNSTON IA 50131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHARLSON, JEFFREY E. 5870 MERLE HAY ROAD JOHNSTON IA 50131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIRKS, DAVE A 5870 MERLE HWY RD JOHNSTON IA 50131	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ALAN KOCH 5800 merle Hay Rd Ste 14 Johnston IA 50131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Chairman of Board Henning, Jeffry L. 5800 merle Hay Rd Ste 14 Johnston IA 50131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Jeffrey E. Charlson

Jeffrey E. Charlson

Date

1/17/00

Daytime Phone #

253-0943 X124

CR2E034 (9/99)