

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90080 005 \*\*\*150.00

**DOCUMENT # P40502**

1. Entity Name

**HENNING CONSTRUCTION COMPANY**

Principal Place of Business

Mailing Address

5800 MERLE HAY ROAD  
 SUITE 14  
 JOHNSTON IA 50131

P.O. BOX 394  
 JOHNSTON IA 50131

2. Principal Place of Business

5800 Merle Hay Road

3. Mailing Address

Suite, Apt. #, etc.

Ste 14

City & State  
 Johnston IA

City & State

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



DO NOT WRITE IN THIS SPACE

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                 | STREET ADDRESS                | CITY-ST-ZIP       | Delete                              |
|-------|----------------------|-------------------------------|-------------------|-------------------------------------|
| PSDC  | HENNING, JEFFRY L.   | 5870 MERLE HAY ROAD           | JOHNSTON IA 50131 | <input checked="" type="checkbox"/> |
| SCOB  | HENNING, JEFFRY L.   | 5800 MERLE HAY ROAD, SUITE 14 | JOHNSTON IA 50131 | <input type="checkbox"/>            |
| V     | HENNING, OWEN        | 5870 MERLE HAY ROAD           | JOHNSTON IA 50131 | <input type="checkbox"/>            |
| P     | KOCH, ALAN           | 5800 MERLE HAY ROAD, SUITE 14 | JOHNSTON IA 50131 | <input type="checkbox"/>            |
| T     | CHARLSON, JEFFREY E. | 5870 MERLE HAY ROAD           | JOHNSTON IA 50131 | <input type="checkbox"/>            |
| VP    | DIRKS, DAVE A        | 5870 MERLE HWY RD             | JOHNSTON IA 50131 | <input checked="" type="checkbox"/> |

| TITLE | NAME              | STREET ADDRESS             | CITY-ST-ZIP     | Change                   | Addition                            |
|-------|-------------------|----------------------------|-----------------|--------------------------|-------------------------------------|
| VP    | Heather K Henning | 2500 S. Airport Rd Ste 110 | Naples FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP    | Bill Schreck      | 2500 S Airport Rd ste 110  | Naples FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|       |                   |                            |                 | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                   |                            |                 | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                   |                            |                 | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                   |                            |                 | <input type="checkbox"/> | <input type="checkbox"/>            |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrey E. Charlson*

03/26/01

Date

515-253-0943

Daytime Phone #

CR2E034 (10/00)