

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90146 014 ***150.00

REG. SEC. AT

DOCUMENT # P40502

1. Entity Name
HENNING CONSTRUCTION COMPANY

Principal Place of Business

5800 MERLE HAY ROAD
SUITE 14
JOHNSTON IA 50131

Mailing Address

P.O. BOX 394
JOHNSTON IA 50131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2002 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 VP ☐ Delete
NAME HENNING, HEATHER K
STREET ADDRESS 2500 S AIRPORT RD STE 110
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SCOB ☐ Delete
NAME HENNING, JEFFRY L
STREET ADDRESS 5800 MERLE HAY ROAD, SUITE 14
CITY-ST-ZIP JOHNSTON IA 50131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HENNING, OWEN
STREET ADDRESS 5870 MERLE HAY ROAD
CITY-ST-ZIP JOHNSTON IA 50131

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5800 MERLE HAY ROAD, SUITE 14
CITY-ST-ZIP

TITLE P ☐ Delete
NAME KOCH, ALAN
STREET ADDRESS 5800 MERLE HAY ROAD, SUITE 14
CITY-ST-ZIP JOHNSTON IA 50131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CHARLSON, JEFFREY E.
STREET ADDRESS 5870 MERLE HAY ROAD
CITY-ST-ZIP JOHNSTON IA 50131

TITLE T & VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS 5800 MERLE HAY ROAD, SUITE 14
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SCHRECK, BILL
STREET ADDRESS 2500 S AIRPORT RD STE 110
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Heather K Henning, Manager
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 (515) 253 0943 etc 132
 Date Daytime Phone #

CR2E034 (9/01)