

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003922

Entity Name: CN UTILITY CONSULTING, INC.**Current Principal Place of Business:**5930 GRAND AVE
WEST DES MOINES, IA 50266**Current Mailing Address:**5930 GRAND AVE
WEST DES MOINES, IA 50266 US**FEI Number:** 20-8514056**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	VANNICE, DEREK
Address	5930 GRAND AVE
City-State-Zip:	WEST DES MOINES IA 50266

Title	DIRECTOR
Name	MCGONEGLE, TERRENCE
Address	5930 GRAND AVE
City-State-Zip:	WEST DES MOINES IA 50266

Title	DIRECTOR
Name	PACKARD, SCOTT
Address	5930 GRAND AVE
City-State-Zip:	WEST DES MOINES IA 50266

Title	TREASURER
Name	MCGONEGLE, TERRENCE
Address	5930 GRAND AVE
City-State-Zip:	WEST DES MOINES IA 50266

Title	SECRETARY
Name	MCGONEGLE, TERRENCE
Address	5930 GRAND AVE
City-State-Zip:	WEST DES MOINES IA 50266

I hereby 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 all other like empowered.

SIGNATURE: TERRENCE MCGONEGLE

SECRETARY

03/26/2019

Electronic Signature of Signing Officer/Director Detail_____
Date