2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000441

Entity Name: LUNDA CONSTRUCTION COMPANY

Current Principal Place of Business:

620 GEBHARDT ROAD PO BOX 669

BLACK RIVER FALLS, WI 54615-0669

Current Mailing Address:

620 GEBHARDT ROAD PO BOX 669

BLACK RIVER FALLS, WI 54615-0669 US

FEI Number: 39-0648769 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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:

Name

City-State-Zip:

Electronic Signature of Registered Agent Date

Name

Officer/Director Detail:

Title WISCONSIN REGIONAL VICE Title CHIEF FINANCIAL OFFICER AND

PRESIDENT ASSISTANT SECRETARY AND

ASSISTANT TREASURER HAHN, MICHAEL

Address 620 GEBHARDT ROAD PO BOX 669 620 GEBHARDT ROAD Address

PO BOX 669

City-State-Zip: BLACK RIVER FALLS WI 54615-0669 City-State-Zip: BLACK RIVER FALLS WI 54615-0669

Title TREASURER AND SECRETARY Title **DIRECTOR**

FIORE, ANTHONY C. Name Name SMALLEY, GARY G.

Address 15901 OLDEN STREET 15901 OLDEN STREET Address 620 GEBHARDT ROAD

PO BOX 669 SYLMAR CA 91342

City-State-Zip: City-State-Zip:

BLACK RIVER FALLS WI 54615-0669 Title VICE-PRESIDENT - MINNESOTA FIELD

Title **OPERATIONS** CEO

REIHL, BRUCE Name Name BEHNKE, DENNIS L.

620 GEBHARDT ROAD Address Address 620 GEBHARDT ROAD PO BOX 669

PO BOX 669

BLACK RIVER FALLS WI 54615-0669 City-State-Zip: City-State-Zip: BLACK RIVER FALLS WI 54615-0669

Title **DIRECTOR** MINNESOTA REGIONAL VICE Title

PRESIDENT FIORE, ANTHONY C. Name Name LARUM, MARK

Address 15901 OLDEN STREET 620 GEBHARDT ROAD 15901 OLDEN STREET Address

PO BOX 669 SYLMAR CA 91342

BLACK RIVER FALLS WI 54615-0669 City-State-Zip:

Continues on page 2

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: DENNIS L. BEHNKE 03/01/2023

CHIEF EXECUTIVE **OFFICER**

MCGLOTHLEN, CHARLES

FILED Mar 01, 2023

Secretary of State

3537858908CC

Officer/Director Detail Continued:

Title DIRECTOR Title SENIOR VICE PRESIDENT

Name SMITHSON,, MICHAEL F. Name EVEN,, DALE

Address 620 GEBHARDT ROAD Address 620 GEBHARDT ROAD

PO BOX 669 PO BOX 669

City-State-Zip: BLACK RIVER FALLS WI 54615-0669 City-State-Zip: BLACK RIVER FALLS WI 54615-0669