

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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| LIMITED L Filing Period: Sept        | IABILI<br>ember 1 - No | IY COMI<br>ovember I ●  | PANY ANNUA<br>Filing Fec: \$50.00                | L REPORT FO  | OR THE Y            | EAR _         | <u>400</u>  | <u> </u>   |
|--------------------------------------|------------------------|---|--|--|---------------------|---------------|-------------|--|
| (FORM MUST BE TYP                    | ED OR PRINT            | ED IN BLACK)  | Ū  |  |                     | rK            |             |  |
| 1. ID No.<br>94617                   |                        | 2. Exact name of the limited liability company Ceco Concrete Construction LLC |  |  |                     |               |             | <u>.                                      </u>   |
| 3. State of Formation                |                        |   |  | which is actually conducted  | in Rhode Island     | <del> </del>  |             |  |
| Delaware                             |                        |   | Forming and Fram                                 |  |                     |               |             |  |
| 5. Principal office addr             |                        | <del></del>   |  | City   | State               |               | Zip         | <del></del>  |
| 10100 NW Amba                        |                        |   |  | Kansas City  | Misson              |               | 6415        | 3  |
| 6. MAILING ADD                       | RESS OF L              | IMITED LIAB   | ILITY COMPANY AN                                 | D NAME OR TITLE  | OF CONTACT          | PERSON:       |             |  |
| Lori Robey Er                        | nst                    |   |  | Contoct Title Controller/Asst  | t Secretary         |               |             |  |
| Street Address                       |                        |   |  | City   | Sigre               |               | Zip         | <del></del> -  |
| 10 10100                             | NW Ambass              | ador Drive  |  | . Kansas City  | Misso               | uri           | 64153       | 3  |
| 7. NAME AND AD                       | -,                     | TLL IN SPACES   | BEFORE USING ATTAC                               | •  | OR ATTACHMEN        | カロ            |             |  |
| Manager Name                         | ANY MODIF              | ICATIONS TO MA  | NAGERS REQUIRES FI                               | LING OF AMENDMENT.   | R.I.G.L 7-16-12 (a) | (2) / 7-16-52 | ?           | ···  |
|                                      |                        |   |  | • Manager Name   |                     |               |             |  |
| Street Address                       |                        |   | · <del> · · · · · · · · · · · · · · · · · </del> | • Street Address   |                     | <del></del>   |             |  |
| City                                 | State                  |   | Zıp  | *City  | Sioie               | <del></del> . | Zip         |  |
| Manager Name                         |                        |   | J  | *Manager Name  |                     |               |             |  |
| Sireei Address                       |                        |   |  | ·Street Address  | <del></del>         |               | <del></del> | <u> </u>   |
| City                                 | Stole                  |   | Zip  | ,City  | State               | <u> </u>      | Zip         | <del></del> .  |
| 9 DESIDENT ACES                      | TIN PHOD               | E ICL LVD. DO   | NOT WITED CL                                     |  |                     |               |             | <del></del>  |
| Ageni Name                           | VI IIV KHOD            | E ISLAND DO   | NOT ALTER- Changes                               | require filing of Fo   | orm 642 - R.I.G     | L. 7-16-11    |             |  |
| CT Corporation S                     | ystem                  |   |  |  |                     |               |             |  |
| Address                              |                        | <del></del>   |  | Cuy  | · <del></del>       | Žιρ           |             |  |
| fg                                   |                        |   |  |  |                     |               | 05          | က်ပြ   |
|                                      |                        |   |  |  |                     |               | )CT 28 P    |  |
| This report must be                  | signed in i            | nk by an auth   | orized person pursua                             | nt to 7-16-66.   |                     |               | # 1:13      | STATE OF THE STATE |
|                                      |                        | 7   |  |  |                     |               |             |  |
| ^                                    |                        | •   | }  | Under penalty of pe<br>this report, including<br>and that all statemer | g any accompanyi    | ng schedules  | and statem  |  |
| File Date                            | LED                    |   |  |  | 11 1                | _             | Inli        | 2-/  |
|                                      | 28 200                 | )   | ,  | Signature of Authorize   | My Z                | Doie          | 10/a        | 15/05  |
| Check No. UCT                        | NO1 06                 | 0   |  |  |                     |               | <b>-</b>    | _  |
| FOR SECRETARY OF STATE USE ONLY A AD |                        |   |  | Lori Robey Ernst Controller/Asst Sec                                   |                     |               |             |  |

Form 632 Rev. 6/02

Corporations Division

105 North Main Street, Providence, RI 02903-1335 401.222.3040

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

(FORM MUST BE TYPED OR PRINTED IN BLACK)

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

| 1. ID No.<br>9 <b>461</b> 7                           |            |                  | ned liability company |  |   |  |  |  |
|---|------------|------------------|-----------------------|--|---|--|--|--|
| 3 State of Formation                                  | _ <b>!</b> | 1                |                       | business which is actually conduc                                      | cted in Rhode Island                                  |  |  |  |
| Delaware  |            | 100% Concr       | ete Forming and       | Framing  |   |  |  |  |
| 3. Principal office address 10100 NW Ambassador Drive |            |                  |                       | Cuy<br>Kansas City   | Siale<br>Missouri                                     | 2ip<br>64153   |  |  |
| 6. MAILING ADD<br>Contact Name<br>Lori Robey Ex       |            | of Limited L     | IABILITY COMPA        | NY AND NAME OR TITL<br>Contact Title<br>.Controller/As                 |   | ON:  |  |  |
| iree! Address   |            |                  |                       | Cuy  | State   | Zıp  |  |  |
| 10 10100 NW Ambassador Drive                          |            |                  |                       | .Kansas City   | Misscuri  | 64153  |  |  |
| NAME AND AD   |            | FILL IN SPA      | ACES BEFORE USING     | LIMITED LIABILITY CO<br>ATTACHMENTS ("X" BO<br>IRES FILING OF AMENDMEN | X FOR ATTACHMENT)                                     |  |  |  |
| lanager Name  |            |                  |                       | • Manager Name<br>•  |   |  |  |  |
| Street Address  |            |                  |                       | • Street Address   |   |  |  |  |
| Ciny:   |            | State            | Zıp                   | Cuy  | State   | Zıp  |  |  |
| Manoger Name  | • • • •    | J                |                       | Manager Name   |   |  |  |  |
| itreet Address  |            | -                |                       | ·Strect Address  | ·Street Address                                       |  |  |  |
| irv   | ,          | State            | Zıp                   | .City  | State   | Zip  |  |  |
| genr Name<br>CT Corporation S                         | -          | HODE ISLAND      | -DO NOT ALTER- CH     | nanges require filing of   | Form 642 - R.I.G.L. 7-1                               |  |  |  |
| <i>lddress</i><br>Eg                                  |            |                  |                       | Cuy  | 2.132   |  |  |  |
| his report must b                                     | e signed   | d in ink by an   | authorized person     | pursuant to 7-16-66.<br>Under penalty o                                | if perjury, I declare and affir                       | DS OCT 28 PH 1:13  |  |  |
| File Date   | ET 28      | <b>ED</b> 3 2005 |                       | this report, inclu-<br>and that all state                              | iding any accompanying sclements contained herein are | redules and statements, true and correct    Date   10/25/2 |  |  |



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR illing Period: September 1 - November 1 • Filing Fee: \$50.00

| i iling i eriou. Septemo                             | ier 1 - November 1    | Fuing rec. 33      | 0.00   |                           |           |  |  |  |
|--|-----------------------|--------------------|--|---------------------------|-----------|--|--|--|
| (FORM MUST BE TYPED (                                |                       |                    |  |                           |           |  |  |  |
|  | Exact name of the lim |                    |  |                           |           |  |  |  |
| Ceco Concrete Construction LLC                       |                       |                    |  |                           |           |  |  |  |
| 3. State of Formation                                |                       |                    |  |                           |           |  |  |  |
| Delaware   | 100% Conc             | rete Forming and   | Praming  |                           |           |  |  |  |
| 5. Principal office address                          | •                     |                    | City   | Stote                     | Zip       |  |  |  |
| 10100 NW Ambass                                      | ador Drive            |                    | Kansas City  | Missouri                  | 64153     |  |  |  |
| 6. MAILING ADDRES<br>Contact Name<br>Lori Robey Erns |                       | LIABILITY COMPA    | Controller/As  |                           | N:        |  |  |  |
| Street Address                                       |                       | •                  | City   | State                     | Zip       |  |  |  |
| 10 10100 NW  | Ambassador D          | rive               | .Kansas City   | Missouri                  | 64153     |  |  |  |
|  | FILL IN SI            | ACES BEFORE USING  | LIMITED LIABILITY CO.  GATTACHMENTS CX" BOX  JIRES FILING OF AMENDMENT | K FOR ATTACHMENT)         |           |  |  |  |
| Manager Name   |                       |                    | • Manager Name<br>•  |                           |           |  |  |  |
| Sireei Address                                       |                       |                    | · Sireei Address   |                           |           |  |  |  |
| City   | State                 | Zip                | City   | State                     | Zip       |  |  |  |
| Manager Name   |                       |                    | Manager Name   |                           |           |  |  |  |
| Sircei Address                                       |                       |                    | ·Sireei Address  |                           |           |  |  |  |
| City   | State                 | Zip                | Cin  | State                     | Ζφ        |  |  |  |
| 8. RESIDENT AGENT I                                  |                       | D-DO NOT ALTER- CI | nanges require filing of   | Form 642 - R.I.GL. 7-16-1 |           |  |  |  |
| Address  |                       | ·····              | City   | Zip                       |           |  |  |  |
| fg   |                       |                    |  |                           |           |  |  |  |
|  |                       |                    |  |                           | 05 OCT 28 |  |  |  |

This report must be signed in ink by an authorized person pursuant to 7-16-66.



| File Date   | FILED                         |
|-------------|-------------------------------|
| Check No.   | OCT 2.8 2005                  |
| $B_{Y_{i}}$ | By M81808                     |
| FOR SEC     | RETARY OF STATE USE ONLY (0)M |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Lori Robey Ernst Controller/Asst Sec

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 401.222.3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

| This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have example to 1 have example 1 have example 1 have example 2 have 1 have example 2 have 1 have example 2 have 2 |                                       | 12:11(              |                                  |  | ng Fee: \$50.00                      | -November 1 • Fi    |          |                     |  |  |
|--|---------------------------------------|---------------------|----------------------------------|--|--------------------------------------|---------------------|----------|---------------------|--|--|
| Series   Address   Series   S   |                                       |                     |                                  | <del> </del>                               |                                      |                     |          |                     |  |  |
| 1. Brief description of the character of the business which is actually conducted in Rhode Island 1004 Concrete Forming and Framing  3. Principal office address  5. Principal office address  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contact Title  Controller / Asst Secretary  Street Address  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS  7. NAME AND MODIFICATIONS TO MANAGERS REQUIRES FILLING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) 1 7-16-52  Manager Name  Manager Name  Street Address  Street Address  Street Address  City  State  Street Address  City  State  Monager Name  This report must be signed in ink by an authorized person pursuant to 7-16-66.  This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  |                                       |                     |                                  |  |                                      |                     |          |                     |  |  |
| Delaware  1004 Concrete Forming and Framing  2. Principal office address 10100 NW Ambassador Drive  Condition Note   |                                       | <del></del>         | n Rhode Island                   | hich is actually conducted in R            |                                      |                     | Ĺ.       |                     |  |  |
| 10.100 NW Ambassador Drive  6. MAILING ADDRESS OF LIMITED LIABILITY CONIPANY AND NAME OR TITLE OF CONTACT PERSON: Concert Name Controller / Asst Secretary  Street Address  10 10100 NW Ambassador Drive  10 10100 NW Am |                                       |                     |                                  | · •  |                                      |                     |          | <u>-</u>            |  |  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Conact Name  Conact Tile  Controller/Abst Secretary  Street Address  T. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE  FILL IN SPACES BEFORE USING ATTACHMENTS  FILL IN SPACES BEFORE USING ATTACHMENTS  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENOMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Monager Name  Monager Name  Street Address  Street Address  Street Address  Street Address  City  State  Zip  This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Under penalty of perjury, I declare and affirm that I have exame  Consideration  Livi State Address  City City City City  Ci |                                       |                     |                                  | •  |                                      |                     |          |                     |  |  |
| Contact Title   Controller/Abst Secretary  | 153                                   | souri (             | Missou:                          | Kansas City                                |                                      | r Drive             | sador    | 10100 NW Ambas      |  |  |
| 10 10100 NW Ambassador Drive Kansas City Missouri 64153 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (** BOAFFOR ATTACHMENT)    ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52  Manager Name  Street Address  City State  Zip City State  Zip State  Zip State  Zip State  Zip Address  City State  Zip State | ~                                     |                     |                                  | Contact Title                              | Y COMPANY AN                         | FUMITED LIABIL      |          | Contact Name        |  |  |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABLITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  Manager Name  Sireel Address  City Saile Zip City Saile Zip  Manager Name  Sireel Address  City Saile Zip City Saile Zip  RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER: Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name  CT Corporation System  Address  City Zip City Zip City  This report must be signed in ink by an authorized person pursuant to 7-16-66.  |                                       |                     |                                  | •  |                                      |                     | ta sala  |                     |  |  |
| ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) 7-16-52  Manager Name  Manager Name  Sireet Address  City  Socie  Zip  This report must be signed in ink by an authorized person pursuant to 7-16-66.  | 153                                   |                     |                                  |  |                                      |                     |          |                     |  |  |
| Street Address  City  Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  Ci | · · · · · · · · · · · · · · · · · · · | (TNJ) 🔲             | OR ATTACHMENT)                   | MENTS ("X" BOX FOR AND OF AMENDMENT. R.I.G | ORE USING ATTAC<br>SERS REQUIRES FIL | FILL IN SPACES BE   |          |                     |  |  |
| Manager Name  Manager Name  Manager Name  Street Address  City  State  Zup  City  State  Zup  City  State  Zup  Tagent Name  CT Corporation System  Address  City  Zup  State  Zup  Zup  State  Zup  Zup  State  Zup  Zup  State  Zup  Zup  Zup  Zup  Zup  Zup  Zup  Zu  |                                       |                     |                                  | nunuger Hume                               |                                      |                     |          |                     |  |  |
| Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  Address  City  City  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi   |                                       |                     | _                                | Sireei Address                             |                                      |                     |          | Sireei Address      |  |  |
| Street Address  City  State  Zip  City  State  Zip  City  State  Zip  State  Zip  State  Zip  State  Zip  State  Zip  State  Zip  Address  City  City  This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have example of the content of the c |                                       | Z                   | State                            | City                                       |                                      | State Z             |          | City                |  |  |
| RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name CT Corporation System  Address  City  City  Zip  Zip  Zip  This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, 1 declare and affirm that I have example to the signed in the part of the signed in the si |                                       |                     |                                  | Aanager Name                               | • • • • • • • • •                    | J                   |          | Manager Name        |  |  |
| 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11  Ageni Name CT Corporation System  Address  City  Zip  Sig  City  This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, 1 declare and affirm that I have example to the signed and affirm that I have example to the signed are signed.  |                                       |                     |                                  | irees Address                              |                                      |                     |          | Sireei Address      |  |  |
| Agent Name  CT Corporation System  Address  City  City  This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have example to 1 have example to 1 have example to 2 have a signed in the sig |                                       | Z                   | State                            | lity                                       |                                      | State Z.            |          | City                |  |  |
| Agent Name  CT Corporation System  Address  City  City  This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have example to 1 have example to 1 have example to 2 have a signed in the sig | <del></del>                           | 121                 |                                  |  | 7.750 05                             | IODE ICL WID TO US  | TINDI    | DECIDENT CEN        |  |  |
| This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have example to 1 have example 1 have example 1 have example 2 have 1 have example 2 have 1 have example 2 have 2 |                                       | J.(aL. 7-10-1)      | rm 642 - KJ.GL                   |  | ALIEK- Changes                       | ODE ISLAND DO NO    | 1 10 KB  |                     |  |  |
| fg  Cuy  Cuy  Cuy  Cuy  Cuy  Cuy  Cuy  Cu  |                                       |                     |                                  |  |                                      |                     | stem     | •                   |  |  |
| This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have example.  |                                       | Zip                 |                                  | ity  |                                      |                     |          |                     |  |  |
| This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have examples.   |                                       |                     |                                  | •  |                                      |                     |          | fa                  |  |  |
| This report must be signed in ink by an authorized person pursuant to 7-16-66.  Under penalty of perjury, I declare and affirm that I have examples.   | 1,777                                 |                     |                                  |  |                                      |                     |          | - 5                 |  |  |
|  |                                       |                     |                                  | to 7-16-66.                                | ed person pursua:                    | in ink by an author | signed ( | This report must be |  |  |
| this report, including any accompanying schedules and statement the second schedules and statement the second schedules are second schedules and schedules are second schedules are second schedules are second schedules are second schedules and schedules are second schedules are seco | atements,                             | nying schedules and | алу ассотрапуіл                  | this report, including an                  |                                      | 1 7                 | 4 6      | 9                   |  |  |
| File Date  OCT 2 8 2005  Check No.  By:  FOR SECRETARY OF STATE USE ONLY  And that all statements contained herein are true and correct.  Signature of Authorized Person  Date  Lori Robey Ernst Controller/Asst Sector of Authorized Person  From Secretary OF STATE USE ONLY   | 0/25/0.                               | Dute Dute           | Ly E<br>I Persont<br>Ernst Conti | Signature of Anthorised Po                 | č                                    | 8 2005<br>8 2005    | CT 2     | Check No. 3y        |  |  |

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335

401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $\frac{\partial oo}{\partial x}$

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I ID No. 2. Exact name of the limited liability company 94617 Ceco Concrete Construction LLC 4 Brief description of the character of the business which is actually conducted in Rhode island 3. State of Formation 100% Concrate Forming and Framing Delaware 5 Principal office address 10100 NW Ambassador Drive Kansas City Missouri 64153 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name \*Contact Title Lori Robey Ernst .Controller/Asst Secretary Street Address City State Zıp 10 10100 NW Ambassador Drive .Kansas City Missouri 64153 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name • Manager Name Street Address Sireei Adaress City \*Cirv State State Zip Zip Manager Name Munager Nome Street Address ·Sireei Address City State State  $Z_{ip}$ Zij. 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address CT Corporation System City Address Zip fg

This report must be signed in ink by an authorized person pursuant to 7-16-66.



| File Daie        | FILED                   |
|------------------|-------------------------|
| Check No         | OCT 2 8 2005            |
| B <sub>2</sub> . | BM81808                 |
| FOR SECT         | ETARY OF STATE USE ONLY |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, \*... and that all statements contained herein are true and correct

Lori Robey Ernst Controller/Asst Sec

Print of Type Name of Authorized Person



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $\supseteq$

| Filing Period: September<br>(FORM MUST BE TYPED OR . |   | Filing Fee: \$50.00         |   |   |   |
|--|---|-----------------------------|---|---|---|
| 1. ID No. 2. Exc                                     | oct name of the limited to<br>O Concrete Constr |                             |   | ·- · · · · · · · · · · · · · · · · · ·  | <del> · · · · · · · · · · · · · · · · ·</del> |
| 3. State of Formation                                | 4. Brief description o                          | f the character of the busi | ness which is actually conducted i                                  | n Rhode Island  |   |
| Delaware   | 100% Concrete                                   | Forming and Fr              | aming   |   |   |
| 5. Principal office address 10100 NW Ambassado       | or Drive  |                             | Cny<br>Kansas City  | State<br>Missouri   | Zip<br>64153                                  |
| 6. MAILING ADDRESS Contact Name Lori Robey Ernst     | OF LIMITED LIA                                  | BILITY COMPANY              | AND NAME OR TITLE ( Contact Title Controller/Asst                   |   | N:  |
| Sireei Address 10 10100 NW An                        | nbassador Driv                                  | e                           | City<br>.Kansas City  | Siate<br>Missouri   | Zip<br>64153                                  |
| •  | FILL IN SPACE                                   | S BEFORE USING AT           | TTED LIABILITY COMP. TACHMENTS """ BOX FO S FILING OF AMENDMENT. R. | R ATTACHMENT) 🗌   |   |
| Manager Name   | · ·   |                             | - Manager Name  | o in the second like the second   |   |
| Sireei Address                                       | <del></del>                                     |                             | · Street Address  |   |   |
| Ciù.   | State   | 2îp                         | · City  | Siale   | Zip   |
| Manager Name   | . J   | l                           | Manager Name  |   |   |
| Street Address                                       |   |                             | Street Address  | •   | <u> </u>                                      |
| City   | State   | Ζφ                          | City  | State   | Zip   |
| 8. RESIDENT AGENT IN I                               | RHODE ISLAND -D                                 | O NOT ALTER- Chan           | ges require filing of Fo  | rm 642 - R.I.G.L. 7-16-11   |   |
| CT Corporation System                                | 1   |                             |   |   | 95 G  |
| Address<br>fg  |   |                             | City  | Ζιp   | 130   |
|  |   |                             |   |   | 11:1 14 80<br>A(0.000)<br>A(10.000)<br>10.000 |
| This report must be signe                            | ed in ink by an au                              | thorized person pur         | suant to 7-16-66.   |   |   |
|  |   |                             |   |   |   |
|  | ED  | 7                           | this report, including  | jury, I declare and affirm t<br>any accompanying sched<br>is contained herein are tru | ules and statements,                          |
| File Date  | 2 8 2005  |                             | In  | Rly L   | 10/25/05                                      |
| Check No.  | 181808  |                             | Signulyprof Authorized  | Frnst Controller  | oue<br>'/Asst Sec                             |

Print or Type Name of Authorized Person

Matthew A. Brown, Secretory of State

Corporations Division 100 North Main Street, Providence, RI 02903-1335

401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No 2. Exact name of the limited liability company 94617 Ceco Concrete Construction LLC 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island 100% Concrete Forming and Framing Delaware 5. Principal office address State Zip 10100 NW Ambassador Drive Kansas City Missouri 64153 6. MAILING ADDRESS, OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Lori Robey Ernst .Controller/Asst Secretary Street Address State Ζıp 10 10100 NW Ambassador Drive .Kansas City Missouri 64153 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 · Manager Name Manaver Name Sireet Address · Street Address City State Manager Name Manager Name Street Address Sirees Address Ciry Zip State 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Ageni Name Address CT Corporation System Žι¢ Address fg This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct Check No. Lori Robey Ernst Controller/Asst Sec Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



Check No.

FOR SECRETARY OF STATE USE ONLY

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

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| Filing Period: September<br>(FORM MUST BE TYPED OR |                                       | •  | 50.00  |   |  |
|--|---------------------------------------|--|--|---|--|
| 1. ID No. 2. E                                     | xact name of the lim                  | ited liabilty company                          |  |   | <del></del>                                  |
| 94617 Cel  | co Concrete Co                        |  |  |   |  |
|  |                                       | ion of the character of th<br>cete Forming and | e business which is actually conduct i Framina | cled in Khode Island  |  |
| Delaware   |                                       | <b>3</b>                                       |  |   |  |
| 5. Principal office address 10100 NW Ambassac      | dor Drive                             |  | City<br>Kansas City                            | Sione<br>Missouri   | Zip  |
|  |                                       |  |  |   | 64153  |
| 6. MAILING ADDRESS Coniaci Name                    | OFLIMITED                             | LIABILITY_COMPA                                | ANY AND NAME OR TITL                           | E OF CONTACT PERSO  | N:   |
| Lori Robey Ernst                                   |                                       |  |  | sst Secretary   |  |
| Street Address                                     | -                                     |  | Ciry   | State   | Zip  |
|  | mbassador D                           |  | . Kansas City                                  | Missouri  | 64153  |
| 7. NAME AND ADDRES                                 |                                       |  | LIMITED LIABILITY CO                           |   | Æ  |
| ANV  |                                       | ACES BEFORE USING                              | G ATTACHMENTS                                  | X FOR ATTACHMENT)   | c.co   |
| Manager Name                                       | MODIFICATIONS                         | TO MANAGERS REQU                               | · Manager Name                                 | 1. K.I.G.L 7-16-12 (a) (2) 7 7-1                            | 6-52   |
| _  | l                                     |  | •  |   |  |
| Street Address                                     |                                       |  | · Sireei Address                               |   | · · · · · · · · · · · · · · · · · · ·        |
|  |                                       |  | •  |   |  |
| City   | Store                                 | Zıp  | *City  | State   | Zip  |
| Manager Name                                       |                                       | . <b></b>                                      | Manager Name                                   |   |  |
| manager mane                                       |                                       |  | *Manager Name                                  |   |  |
| Street Address                                     |                                       |  | ·Sireet Address                                |   |  |
| 2.   |                                       |  | •  |   |  |
| City   | Siare                                 | Zip  | City   | State   | Ζίρ  |
| 8 RESIDENT AGENT IN                                | RHODE ISLANI                          | D-DO NOT ALTER- CI                             | hanges require filing of                       | Form 642 - R   G1 7-16-1                                    |  |
| Ageni Name   |                                       | <u> </u>                                       | Address  |   | ·  |
| CT Corporation Syster                              | n                                     |  |  |   |  |
| Address  | · · · · · · · · · · · · · · · · · · · |  | City   | Zip   |  |
| fg   |                                       |  |  |   |  |
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|  |                                       |  |  |   | PH PO  |
| This report must be sign                           | ied in ink by an                      | authorized person                              | pursuant to 7-16-66.                           |   | - 25.5 F                                     |
|  |                                       |  |  |   |  |
|  | EN BUIDLUKAU ING                      |  |  |   | <u>,                                    </u> |
|  |                                       |  |  |   |  |
| 9 4  | 6 1 7                                 |  |  |   |  |
|  |                                       |  |  | f perjury, I declare and affirm ding any accompanying sched |  |
| M 14 mm,   | CD                                    |  | and that all state                             | ments pontained herein are tru                              | ic and correct.                              |
|  | _ED                                   |  |  | 10.   |  |
| File Date  | ) o aune                              | <del>-</del>                                   |  | n /Ely E  | 18/25/05                                     |
| UL  2  | 28 2005                               |  | Figurium of Author                             | prized Person   | Date   |

Signature of Authorized Person

Frint or Type Name of Authorized Person

Lori Robey Ernst Controller/Asst Sec