

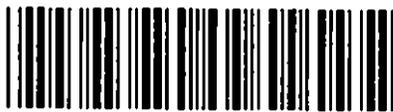


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 115944		2. Name of Corporation DELTA T CONSTRUCTION COMPANY, INC.			
3. Street Address Principal Business Office W137 N5732 Williams Place			City Menomonee Falls	State WI	Zip 53051
4. Business Phone No. 262-781-9243		5. State of Incorporation WISCONSIN			6. SIC Code 1741 & 1761
7. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John A. Dohogne			Vice President Name Terry Frederiksen		
Street Address W137 N5732 Williams Place			Street Address W137 N5732 Williams Place		
City Menomonee Falls	State WI	Zip 53051	City Menomonee Falls	State WI	Zip 53051
Secretary Name R. Kyle Ray			Treasurer Name John A Dohogne		
Street Address W137 N5732 Williams Place			Street Address same as above		
City Menomonee Falls	State WI	Zip 53051	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John A. Dohogne			Director Name Terry Frederiksen		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,800 COMM NO PAR VALUE			300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



115944

File Date 2/25/05
Check No. 6069
By: [Signature]

FOR SECRETARY 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.

Signature of Officer [Signature] Date 2/22/05
R. Kyle Ray
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 115944		2. Name of Corporation DELTA T CONSTRUCTION COMPANY, INC.			
3. Street Address Principal Business Office W137 N5732 Williams Place			City Menomonee Falls	State WI	Zip 53051
4. Business Phone No. 262-781-9243		5. State of Incorporation WISCONSIN			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John A. Dohogne			Vice President Name Terry Frederiksen		
Street Address W137 N5732 Williams Place			Street Address W137 N5732 Williams Place		
City Menomonee Falls	State WI	Zip 53051	City Menomonee Falls	State WI	Zip 53051
Secretary Name R. Kyle Ray			Treasurer Name John A. Dohogne		
Street Address W137 N5732 Williams Place			Street Address same as above		
City Menomonee Falls	State WI	Zip 53051	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John A. Dohogne			Director Name Terry Frederiksen		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,800	COMM NO PAR VALUE		300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 9 4 4 *

File Date 2/19/04
Check No. 61788
By: SC
FOR SECRETARY 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.

Signature of Officer R. Kyle Ray Date 2/16/04
Print or Type Name of Officer
Secretary
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **115944** 2. Name of Corporation **DELTA T CONSTRUCTION COMPANY, INC.**
3. Street Address Principal Business Office **W137 N5732 Williams Place** City **Menomonee Falls** State **WI** Zip **53051**
4. Business Phone No. **262-781-9243** 5. State of Incorporation **WISCONSIN** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name John A. Dohogne Street Address W137 N5732 Williams Place City State Zip Menomonee Falls WI 53051	Vice President Name Terry Frederiksen Street Address W137 N5732 Williams Place City State Zip Menomonee Falls WI 53051
Secretary Name R. Kyle Ray Street Address W137 N5732 Williams Place City State Zip Menomonee Falls WI 53051	Treasurer Name John A. Dohogne Street Address W137 N5732 Williams Place City State Zip Menomonee Falls WI 53051

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John A. Dohogne Street Address Address same as above City State Zip	Director Name Terry Frederiksen Street Address address same as above City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,800 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 9 4 4 *

File Date: 2.21.03
Check No.: 59336
By: LP

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.

John A. Dohogne 2/17/03
Signature of Officer Date

John A. Dohogne
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **115944** 2. Name of Corporation **DELTA T CONSTRUCTION COMPANY, INC.**
3. Street Address Principal Business Office **W137 N5732 Williams Place** City **Menomonee Falls** State **WI** Zip **53051**
4. Business Phone No. **262-781-9243** 5. State of Incorporation **WISCONSIN** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name John A. Dohogne Street Address W137 N5732 Williams Place City Menomonee Falls State WI Zip 53051	Vice President Name Terry Frederiksen Street Address 5732 Williams Place City Menomonee Falls State WI Zip 53051
Secretary Name R. Kyle Ray Street Address W137 N5732 Williams Place City Menomonee Falls State WI Zip 53051	Treasurer Name John A. Dohogne Street Address W137 N5732 Williams Place City Menomonee Falls State WI Zip 53051

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name John A. Dohogne Street Address Address same as above City Menomonee Falls State WI Zip 53051	Director Name Terry Frederiksen Street Address Address same as above City Menomonee Falls State WI Zip 53051
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	2,800	COMM NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2-19-02
Check No.: 56456
By: [Signature]

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 Officer: [Signature] Date: 2/12/02
Print or Type Name of Officer: R. Kyle Ray
Title of Officer: Secretary



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115944		2. Name of Corporation Delta T Construction Company, Inc.			
3. Street Address Principal Business Office W137 N5732 Williams Place			City Menomonee Falls	State WI	Zip 53051
4. Business Phone No. 262-781-9243		5. State of Incorporation Wisconsin			6. SIC Code 0430
7. Brief Description of the Character of Business Conducted in Rhode Island Construction					

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name John A. Dohogne			Vice President Name Terry B. Frederiksen		
Street Address W137 N5732 Williams Place			Street Address W137 N5732 Williams Place		
City Menomonee Falls	State WI	Zip 53051	City Menomonee Falls	State WI	Zip 53051
Secretary Name R. Kyle Ray			Treasurer Name John A. Dohogne		
Street Address W137 N5732 Williams Place			Street Address W137 N5732 Williams Place		
City Menomonee Falls	State WI	Zip 53051	City Menomonee Falls	State WI	Zip 53051

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John A. Dohogne			Director Name Terry B. Frederiksen		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,800	common	no par	300	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 10-15-01
Check No.: 55146
By: R
FOR SECRETARY 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.

R. Kyle Ray 10/8/01
Signature of Officer Date
R. Kyle Ray
Print or Type Name of Officer
Secretary
Title of Officer