

1.) CORPORATION NAME:

**FLSmith Sioux City, Inc.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0470924**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2607 DAKOTA AVE

CITY/ST/ZIP: SO SIOUX CITY, NE 68776

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: DARYL AUSTIN TITLE: PRESIDENT ADDRESS: 31 HERITAGE CITY/ST/ZIP/CO: SIOUX CITY, IA 51106</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TERRY BROWN TITLE: VICE PRESIDENT ADDRESS: 533 JOY CT CITY/ST/ZIP/CO: SO. SIOUX CITY, NE 68776</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WALTER M GEBHART TITLE: VICE PRESIDENT ADDRESS: 2607 DAKOTA AVE CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICK RASMUSSEN TITLE: VICE PRESIDENT ADDRESS: 3733 LINDENWOOD CITY/ST/ZIP/CO: SIOUX CITY, IA 51104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY J VANSYCKLE TITLE: PRESIDENT ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM CONNER TITLE: T/S ADDRESS: 3810 PIERCE STREET CITY/ST/ZIP/CO: SIOUX CITY, IA 51104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MARY BETH FLOWERS TITLE: ASST SECRETARY ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN M HARRINGTON TITLE: ASST SECRETARY ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KEVIN J CHABIN TITLE: ASST TREASURER ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RALPH J MCCANDLESS TITLE: ASST TREASURER ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SCOTT A BAKER TITLE: CHAIRMAN ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC BERTNESS TITLE: CEO ADDRESS: 317 SOUTH FORK CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MARY BETH FLOWERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY BETH FLOWERS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/21/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		