

1.) CORPORATION NAME:

FLSmith Sioux City, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

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

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
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
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/ DARYL AUSTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DARYL AUSTIN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/26/2014 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.		