

1.) CORPORATION NAME:

**SPALJ CONSTRUCTION COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **9/30/2011**

SCC ID NO: **F1354408**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 22360 COUNTY ROAD 12

CITY/ST/ZIP: DEERWOOD, MN 56444-

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.

OFFICER

DIRECTOR

NAME: J R SPALJ  
TITLE: P/CEO  
ADDRESS: 22360 COUNTY ROAD 12  
CITY/ST/ZIP/CO: DEERWOOD, MN 56444-

OFFICER

DIRECTOR

NAME: JAMES H. HADDOX  
TITLE: VP/AS  
ADDRESS: 2800 POST OAK BLVD  
STE 2600  
CITY/ST/ZIP/CO: HOUSTON, TX 77056-

OFFICER

DIRECTOR

NAME: DERRICK A JENSEN  
TITLE: VP/ ASST S  
ADDRESS: 2800 POST OAK BLVD  
STE 2600  
CITY/ST/ZIP/CO: HOUSTON, TX 77056-

OFFICER

DIRECTOR

NAME: TANA L POOL  
TITLE: VP/AS  
ADDRESS: 2800 POST OAK BLVD  
STE 2600  
CITY/ST/ZIP/CO: HOUSTON, TX 77056-

OFFICER

DIRECTOR

NAME: PAUL AANES  
TITLE: S/CFO/VP  
ADDRESS: 22360 COUNTY ROAD 12  
CITY/ST/ZIP/CO: DEERWOOD, MN 56444-

NAME: CAROLYN M. CAMPBELL TITLE: VP/AS ADDRESS: 2800 POST OAK BLVD STE 2600 CITY/ST/ZIP/CO: HOUSTON, TX 77056-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DUSTIN FOSS TITLE: VICE PRESIDENT ADDRESS: 22360 COUNTY RD CITY/ST/ZIP/CO: DEERWOOD, MN 56444-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RANDY WILSON TITLE: VICE PRESIDENT ADDRESS: 22360 COUNTY RD CITY/ST/ZIP/CO: DEERWOOD, MN 56444-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KIRBY BULLARD TITLE: ASST SECRETARY ADDRESS: 22360 COUNTY RD CITY/ST/ZIP/CO: DEERWOOD, MN 56444-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CARRIE PETERSON TITLE: ASST SECRETARY ADDRESS: 22360 COUNTY RD CITY/ST/ZIP/CO: DEERWOOD, MN 56444-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CECILIA M. SCHOENITH TITLE: ASST SECRETARY ADDRESS: 3190 HIGHWAY 78 CITY/ST/ZIP/CO: LOGANVILLE, GA 30052-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: NICHOLAS M GRINDSTAFF TITLE: TREASURER ADDRESS: 2800 POST OAK BLVD STE 2600 CITY/ST/ZIP/CO: HOUSTON, TX 77056-	<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.	
<u>/s/ CAROLYN M. CAMPBELL</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CAROLYN M. CAMPBELL, VP/AS</u> PRINTED NAME AND CORPORATE TITLE
<u>8/29/2011</u> 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.	