

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214509416

1.) CORPORATION NAME:

K. R. DRENTH TRUCKING, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1780198**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20340 STONEY ISLAND

CITY/ST/ZIP: LYNWOOD, IL 60411

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:	KENNETH G. ANDRESEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	20340 STONEY ISLAND		
CITY/ST/ZIP/CO:	LYNWOOD, IL 60411		
NAME:	MICHAEL A. FOISY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8888 KEYSTONE CROSSING		
CITY/ST/ZIP/CO:	SUITE 600 INDIANAPOLIS, IN 46240		
NAME:	THOMAS MANZKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	20340 STONEY ISLAND		
CITY/ST/ZIP/CO:	LYNWOOD, IL 60411		
NAME:	MARK T BECKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8888 KEYSTONE CROSSING		
CITY/ST/ZIP/CO:	SUITE 600 INDIANAPOLIS, IN 46240		
NAME:	RICHARD PALMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20340 STONEY ISLAND		
CITY/ST/ZIP/CO:	LYNWOOD, IL 60411		
NAME:	MICHAEL McENERNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	20340 STONEY ISLAND		
CITY/ST/ZIP/CO:	LYNWOOD, IL 60411		

NAME:	JAMES C SNYDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8888 KEYSTONE CROSSING		
	SUITE 600		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46240		

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/ MICHAEL A. FOISY	MICHAEL A. FOISY, SECRETARY	2/21/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.