

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000000722

**FILED**  
**Jan 30, 2023**  
**Secretary of State**  
**9963214648CC**

**Entity Name:** KNIFE RIVER CORPORATION SOUTH

**Current Principal Place of Business:**

6310 STATE HWY 21 WEST  
BRYAN, TX 77807

**Current Mailing Address:**

1150 WEST CENTURY AVENUE  
BISMARCK, ND 58503 US

**FEI Number:** 74-2656761

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIR OF THE BOARD & CEO  
Name BARNEY, DAVID C  
Address 1150 WEST CENTURY AVENUE  
City-State-Zip: BISMARCK ND 58503

Title DIRECTOR, TREASURER & CFO  
Name CHRISTENSON, NANCY K  
Address 1150 WEST CENTURY AVENUE  
City-State-Zip: BISMARCK ND 58503

Title REGION PRESIDENT  
Name KOBER, ROBERT  
Address 6310 STATE HWY 21 WEST  
City-State-Zip: BRYAN TX 77807

Title VP  
Name FARIS, WILLIAM M  
Address 6310 STATE HWY 21 WEST  
City-State-Zip: BRYAN TX 77807

Title VP OF OPERATIONS & ASSISTANT SECRETARY  
Name CARLSON, BENJAMIN J  
Address 6310 STATE HWY 21 WEST  
City-State-Zip: BRYAN TX 77807

Title DIRECTOR, SECRETARY  
Name LIEPITZ, KARL A  
Address 1200 WEST CENTURY AVENUE  
City-State-Zip: BISMARCK ND 58503

Title REGION CONTROLLER & ASSISTANT SECRETARY  
Name REBSTOCK, PEGGY S  
Address 6310 STATE HWY 21 WEST  
City-State-Zip: BRYAN TX 77807

Title ASST. SECRETARY  
Name RIEHL, ADRIENNE L  
Address 1200 WEST CENTURY AVENUE  
City-State-Zip: BISMARCK ND 58503

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY K CHRISTENSON

**TREASURER**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date