


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000001892

1. Entity Name
ROCKY MOUNTAIN FABRICATION, INC.



Principal Place of Business
**1125 W 2300 N
 SALT LAKE CITY, UT 84116**

Mailing Address
**PO BOX 16409
 SALT LAKE CITY, UT 84116**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0397761

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000383987
 01/13/06-80023-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO KOONTZ, GERARD R 1125 WEST 2300 NORTH SALT LAKE CITY, UT 84116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAYTON, JOHN 1125 WEST 2300 NORTH SALT LAKE CITY, UT 84116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSEN, JAMES 1125 WEST 2300 NORTH SALT LAKE CITY, UT 84116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWSOM, ROBERT L 1125 WEST 2300 NORTH SALT LAKE CITY, UT 84116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BABINEAU, BOB 7021 KOLL CENTER PARKWAY PLEASANTON, CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-9-06** Daytime Phone #: **801 596 2400**