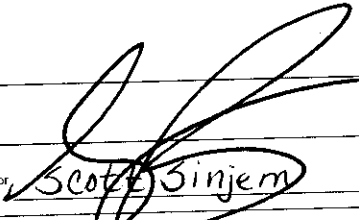


| No. <b>C 105887</b>                                                                                                                                                                                                                                                                                                                                                        | <b>Due no later than Apr 30, 2002<br/>Annual Report Form</b>                                                                        |                                                                                                                                                                                     | 2. Registered Agent and Office <b>NO PO BOX</b>                                                                       |                    |             |                               |             |              |            |              |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|--------------|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                     | 1. Mailing Address - Correct in this box, if applicable<br><br>FABCON, INCORPORATED<br><br>6111 WEST HWY 13<br><br>SAVAGE, MN 55378 |                                                                                                                                                                                     | C T CORPORATION SYSTEM<br>300 NORTH 6TH STREET<br><br>BOISE, ID 83701<br><br>3. <u>New</u> Registered Agent Signature |                    |             |                               |             |              |            |              |  |  |  |  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.<br><table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td colspan="6">SEE ATTACHED</td> </tr> </tbody> </table> |                                                                                                                                     |                                                                                                                                                                                     |                                                                                                                       | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | SEE ATTACHED |  |  |  |  |  |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                         | <u>Name</u>                                                                                                                         | <u>Street or P.O. Address</u>                                                                                                                                                       | <u>City</u>                                                                                                           | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |              |  |  |  |  |  |
| SEE ATTACHED                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                     |                                                                                                                       |                    |             |                               |             |              |            |              |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br>MINNESOTA<br>C 105887                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | 6. Signature  Date <u>2-19-02</u><br>Name (Typed or Printed) <u>Scott Sinjem</u> Title <u>CFO</u> |                                                                                                                       |                    |             |                               |             |              |            |              |  |  |  |  |  |

## FABCON, INCORPORATED

### Officers:

Michael L. LeJeune  
President & CEO  
6111 West Highway 13  
Savage, MN 55378-1235  
(952) 890-4444

Thomas J. Mahoney  
Vice President, Secretary/Treasurer  
6111 West Highway 13  
Savage, MN 55378-1235  
(952) 890-4444

James O. Hasse  
Senior Vice President of Operations  
6111 West Highway 13  
Savage, MN 55378-1235  
(952) 890-4444

Dianne M. Cutter  
Senior Vice President of Administration  
6111 West Highway 13  
Savage, MN 55378-1235  
(952) 890-4444

Scott Sinjem  
Senior Vice President, CFO  
6111 West Highway 13  
Savage, MN 55378-1235  
(952) 890-4444

Mark Hanson  
Vice President, Engineering & Project Management  
6111 West Highway 13  
Savage, MN 55378-1235  
(952) 890-4444

Jim Houtman  
Vice President of Sales & Marketing  
6111 West Highway 13  
Savage, MN 55378-1235  
(952) 890-4444

## FABCON, INCORPORATED

### Directors:

Keith P. Bednarowski-Chairperson of the Board  
6111 West Highway 13  
Savage, MN 55378  
(952) 890-4444

Amy Goldman  
6111 West Highway 13  
Savage, MN 55378  
(952) 890-4444

David W. Hanson  
6111 West Highway 13  
Savage, MN 55378  
(952) 890-4444

Laurence F. LeJeune  
6111 West Highway 13  
Savage, MN 55378  
(952) 890-4444

Michael L. LeJeune  
6111 West Highway 13  
Savage, MN 55378  
(952) 890-4444

Neil Rauenhorst  
6111 West Highway 13  
Savage, MN 55378  
(952) 890-4444