

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 10 AM 9:23**

**DOCUMENT # 804819 (1)**  
1. Corporation Name  
**BITUMINOUS CASUALTY CORPORATION**

Principal Place of Business      Mailing Address  
**C/O ROBERT RAINEY**      **C/O ROBERT RAINEY**  
**320 18TH STREET**      **320 18TH STREET**  
**ROCK ISLAND IL 61201**      **ROCK ISLAND IL 61201**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/06/1937**      **03/14/1994**

4. FEI Number      Applied For  
**36-0810360**       Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**NORTON INSURANCE OF FL.**  
**2 ELGIN PARKWAY NE**  
**SUITE 33**  
**FT. WALTON BEACH FL 32549**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when remaining)      DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LARDNER, PETER
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	SV
NAME	CAFFERTY, SAM
STREET ADDRESS	320-18TH ST
CITY-ST-ZIP	ROCK ISLAND, ILL 00000
TITLE	VT
NAME	RAINEY, ROBERT
STREET ADDRESS	320 18TH STREET
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	V
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	V
NAME	SNODGRASS, WILLIAM A
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	V
NAME	SUNDQUIST, JAMES W
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JAMES SANTRY</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Robert Rainey      Robert Rainey      3-1-95      (309) 786-5401  
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR      Title      Telephone #