


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 804819**  
 1. Entity Name  
**BITUMINOUS CASUALTY CORPORATION**



Principal Place of Business C/O ROBERT RAINEY 320 18TH STREET ROCK ISLAND, IL 61201	Mailing Address C/O ROBERT RAINEY 320 18TH STREET ROCK ISLAND, IL 61201
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-0810360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NORTON INSURANCE OF FL.  
 2 ELGIN PARKWAY NE  
 SUITE 33  
 FT. WALTON BEACH, FL 32549

**DO NOT WRITE IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

000000064435  
 02/24/04-80012-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ATOR, ROBERT G 320-18TH ST ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT RAINEY, ROBERT 320 18TH STREET ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ATOR, ROBERT G 320-18TH ST. ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HORACK, BRUCE 320-18TH ST. ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JORGENSEN, MARK S 320-18TH ST. ROCK ISLAND, IL 61201
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 exemption stated in Section 119.07(3)(j), 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:** \_\_\_\_\_ *Robert D. Rainey Sr.* \_\_\_\_\_ **2/20/04** **309-732-0409**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Robert D. Rainey Sr. Vice*