


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 08:00 AM
Secretary of State

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

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|--|--|
| 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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01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 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

DUTY, JOYCE
 3325 -B 7 THOMASVILLE RD
 TALLAHASSEE, FL 32308

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

| 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 | |

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 03/06/08-80028-006 150.00

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 any address, with or without like empowered.

SIGNATURE: Robert Rainey Date: 2-20-08 Daytime Phone #: 309-733-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D Rainey, Sr. Vice President & Treasurer