

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 804819 (1)

1. Corporation 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

3. Date Incorporated or Qualified: 11/06/1937
3a. Date of Last Report: 03/10/1995
4. FEI Number: 36-0810360
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 (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	RD LARDNER, PETER	<input type="checkbox"/> DELETE
NAME	320-18TH ST.	
STREET ADDRESS	ROCK ISLAND IL	
CITY-ST-ZIP		
TITLE	V SANTRY, JAMES	<input type="checkbox"/> DELETE
NAME	320-18TH ST	
STREET ADDRESS	ROCK ISLAND, ILL 00000	
CITY-ST-ZIP		
TITLE	VT RAINY, ROBERT	<input type="checkbox"/> DELETE
NAME	320 18TH STREET	
STREET ADDRESS	ROCK ISLAND IL	
CITY-ST-ZIP		
TITLE	V ATOR, ROBERT G	<input type="checkbox"/> DELETE
NAME	320-18TH ST.	
STREET ADDRESS	ROCK ISLAND IL	
CITY-ST-ZIP		
TITLE	V SNODGRASS, WILLIAM A	<input type="checkbox"/> DELETE
NAME	320-18TH ST.	
STREET ADDRESS	ROCK ISLAND IL	
CITY-ST-ZIP		
TITLE	V SUNDQUIST, JAMES W	<input type="checkbox"/> DELETE
NAME	320-18TH ST.	
STREET ADDRESS	ROCK ISLAND IL	
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Rainey* 1-29-96 (309) 786-5401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)