

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthem</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 804819 (1)**  
 1. Corporation Name  
**BITUMINOUS CASUALTY CORPORATION**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/06/1937</b>	
21 Suite, Apt #, etc	22 City & State	23 Zip	24 Country	25	26
27		28		29	
21		26		30	
22		27		31	
23		28		32	
24		29		33	

4. FEI Number <b>36-0810360</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NORTON INSURANCE OF FL.                  2 ELGIN PARKWAY NE                  SUITE 33                  FT. WALTON BEACH FL 32549</b>				10. Name and Address of New Registered Agent			
81 Name				85 Zip Code			
82 Street Address (P.O. Box Number is Not Acceptable)				84 City			
83				FL			

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARDNER, PETER</b>	1.2 NAME	
STREET ADDRESS	<b>320-18TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCK ISLAND IL</b>	1.4 CITY-ST-ZIP	<b>Rock Island, IL 61201</b>
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANTRY, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>320-18TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCK ISLAND, ILL 00000</b>	2.4 CITY-ST-ZIP	<b>Rock Island, IL 61201</b>
TITLE	<b>VT</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAINEY, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>320 18TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCK ISLAND IL</b>	3.4 CITY-ST-ZIP	<b>Rock Island, IL 61201</b>
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ATOR, ROBERT G</b>	4.2 NAME	
STREET ADDRESS	<b>320-18TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCK ISLAND IL</b>	4.4 CITY-ST-ZIP	<b>Rock Island, IL 61201</b>
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SNODGRASS, WILLIAM A</b>	5.2 NAME	
STREET ADDRESS	<b>320-18TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCK ISLAND IL</b>	5.4 CITY-ST-ZIP	<b>Rock Island, IL 61201</b>
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUNDQUIST, JAMES W</b>	6.2 NAME	
STREET ADDRESS	<b>320-18TH ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCK ISLAND IL</b>	6.4 CITY-ST-ZIP	<b>Rock Island, IL 61201</b>

14. 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 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 2/20/98 309-786-5401

CP2E034 (10/97)