

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90103 003 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 804819**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**11/06/1937**

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARDNER, PETER	1.2 NAME	
STREET ADDRESS	320-18TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61201	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTRY, JAMES	2.2 NAME	
STREET ADDRESS	320-18TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND, ILL 00000 61201	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINEY, ROBERT	3.2 NAME	
STREET ADDRESS	320 18TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61201	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATOR, ROBERT G	4.2 NAME	President
STREET ADDRESS	320-18TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 60201	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNODGRASS, WILLIAM A	5.2 NAME	Bruce Honack
STREET ADDRESS	320-18TH ST.	5.3 STREET ADDRESS	320 -18th Street
CITY-ST-ZIP	ROCK ISLAND IL 61201	5.4 CITY-ST-ZIP	Rock Island, IL 61201
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUNDQUIST, JAMES W	6.2 NAME	Mark S. Jorgenson
STREET ADDRESS	320-18TH ST.	6.3 STREET ADDRESS	320 18th Str
CITY-ST-ZIP	ROCK ISLAND IL 61201	6.4 CITY-ST-ZIP	Rock Island, IL 61201

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Robert Rainey DATE: 2-19-1999 DAYTIME PHONE #: (309) 786-5401

CR2E034 (1/198)