

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804819

1. Entity Name

BITUMINOUS CASUALTY CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90184 043 ***150.00

Principal Place of Business

Mailing Address

C/O ROBERT RAINEY
 320 18TH STREET
 ROCK ISLAND IL 61201

C/O ROBERT RAINEY
 320 18TH STREET
 ROCK ISLAND IL 61201-8716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-0810360

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SANTRY, JAMES	
STREET ADDRESS	320-18TH ST	
CITY-ST-ZIP	ROCK ISLAND, ILL 00000 61201	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RAINEY, ROBERT	
STREET ADDRESS	320 18TH STREET	
CITY-ST-ZIP	ROCK ISLAND IL 61201	
TITLE	P	<input type="checkbox"/> Delete
NAME	ATOR, ROBERT G	
STREET ADDRESS	320-18TH ST.	
CITY-ST-ZIP	ROCK ISLAND IL 60201	
TITLE	V	<input type="checkbox"/> Delete
NAME	HORACK, BRUCE	
STREET ADDRESS	320-18TH ST.	
CITY-ST-ZIP	ROCK ISLAND IL 61201	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORGENSEN, MARK S	
STREET ADDRESS	320-18TH ST.	
CITY-ST-ZIP	ROCK ISLAND IL 61201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Lardner	
STREET ADDRESS	320 18th Street	
CITY-ST-ZIP	Rock Island, IL 61201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Robert Rainey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert D. Rainey, Sr. Vice President & Treasurer**
 2-18-2000 - 3097320409
 Daytime Phone #

CR2E034 (9/99)