

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

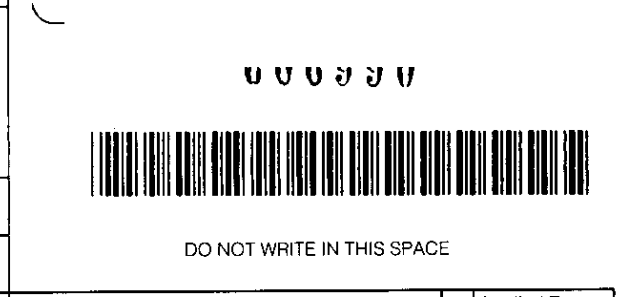
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SECRET
 AT

DOCUMENT # 804819
 1. Entity 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number 36-0810360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LARDNER, PETER 320-18TH ST ROCK ISLAND IL 61201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ATOR, Robert G. 320-18th Street 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATOR, ROBERT G 320-18TH ST. ROCK ISLAND IL 60201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Robert Rainey* **2-20-02** **309-732-0409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)