

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90901 047 \*\*\*150.00

**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

**10031204**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>36-0810360</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>NORTON INSURANCE OF FL.</b> <b>2 ELGIN PARKWAY NE</b> <b>SUITE 33</b> <b>FT. WALTON BEACH FL 32549</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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. I am familiar with, and accept the obligations of, registered agent.

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

**FILE NOW!!! FEE IS: \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATOR, ROBERT G			NAME			
STREET ADDRESS	320-18TH ST			STREET ADDRESS			
CITY-ST-ZIP	ROCK ISLAND IL 61201			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAINEY, ROBERT			NAME			
STREET ADDRESS	320 18TH STREET			STREET ADDRESS			
CITY-ST-ZIP	ROCK ISLAND IL 61201			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATOR, ROBERT G			NAME			
STREET ADDRESS	320-18TH ST.			STREET ADDRESS			
CITY-ST-ZIP	ROCK ISLAND IL 61201			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORACK, BRUCE			NAME			
STREET ADDRESS	320-18TH ST.			STREET ADDRESS			
CITY-ST-ZIP	ROCK ISLAND IL 61201			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORGENSEN, MARK S			NAME			
STREET ADDRESS	320-18TH ST.			STREET ADDRESS			
CITY-ST-ZIP	ROCK ISLAND IL 61201			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE Robert G. Ator 2/19/03 309-732-0409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #