


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F0100005395
 1. Entity Name
 ENVIRONMENTAL CONTRACTORS OF ILLINOIS, INC.



Principal Place of Business Mailing Address
 5290 NIMTZ ROAD 5290 NIMTZ ROAD
 LOVES PARK, IL 61111 LOVES PARK, IL 61111

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3692550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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, 2004 Fee will be \$550.00

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

000000073067
 03/02/04-80022-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAFFERTY, MYRON W 5290 NIMTZ ROAD LOVES PARK, IL 61111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STREED, DARYL 5290 NIMTZ ROAD LOVES PARK, IL 61111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCHWALEN, WAYNE L 5290 NIMTZ ROAD LOVES PARK, IL 61111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  Wayne Schwalen, Secretary 2/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #