
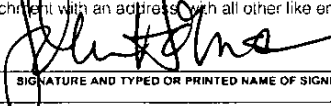


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90150 049 \*\*\*150.00

DOCUMENT # F01000005395					
1. Entity Name ENVIRONMENTAL CONTRACTORS OF ILLINOIS, INC.					
Principal Place of Business 1401 N. SECOND STREET ROCKFORD, IL 61107		Mailing Address 1401 N. SECOND STREET ROCKFORD, IL 61107			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>36-3692550</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREED, DARYL		NAME		
STREET ADDRESS	1401 N. SECOND STREET		STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD, IL 61107		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELMSTERRY, JOHN		NAME		
STREET ADDRESS	1401 N. SECOND STREET		STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD, IL 61107		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWALEN, WAYNE L		NAME		
STREET ADDRESS	5290 NIMTZ ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOVES PARK, IL 61111		CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Ben Holmstrom		NAME		
STREET ADDRESS	1401 N. Second St		STREET ADDRESS		
CITY-ST-ZIP	Rockford, IL 61107		CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	John Holmstrom		NAME		
STREET ADDRESS	1401 N. Second St.		STREET ADDRESS		
CITY-ST-ZIP	Rockford, IL 61107		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 exemptions contained in Chapter 119, 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: 		John Holmstrom, V.P.		4-21-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				815-963-7400	