Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90040 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 855550

1. Corporation		•							
CB&I CONSTRUCTORS, INC.						, 1441A. IAIRI FIIA. A.	181 61181 61111 6811 8161	1 2(8): 6:5 11 8:8: : =1	ATT BIBIT (BB)
		8 8 - Olive -	Address				illi diidi biii dail dibi	I BIAN DIBIH ENERH DI	OLE BURNI I BÔN
Principal Place		-	Address						
1501 N DIVISION 1501 N DIVISION PLAINFIELD IL 60544 PLAINFIELD IL 60544									
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or	Qualifed		
						02/16/1983 4. FEI Number			lied Cor
	ace of Business		ling Address			36-3046868		h	Applicable
21	ш ото	26 Suit	e, Apt. #, etc.			30-3040000		\$8.75 A	
Suite, Apt. :	#, etc.	⊢ ¬	e, Apt. #, etc.			5. Certifcate of Status D	esired 🗍	Fee Rec	
City & State		27 City	& State		t_	6, Election Campaign Fi	nancing -	\$5.00	May Re
23		28				Trust Fund Contributi		Added to	
Zip	Country	Zip		Country		8. This corporation ower	the current year I	Intangible	
24	25	29	[:	30		Personal Property Ta			□No
	9. Name and Address of Curren			'. <u> </u>	_	10. Name and Address	of New Registere	d Agent	
				81	Name				
	CORPORATION SYSTEM			82	Street Ad	dress (P.O. Box Number is No	t Acceptable)		
1200 S. PINE ISLAND ROAD					0001710				
PLANTATION FL 33324				83					ļ
				84	City			. 85 Zip C	code
			_		'		<u>F</u>	L	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1	508, Florida Statute	s, the abov	e-named co	rporation submits this stateme	nt for the purpose	of changing its a	registered sistered
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Sec	tion 607.0505, Flori	ida Statutes	3.	along board of directors. Friend	. Б. дообр. и о др		,,
SIGNATURE				- 17			DATE		\
				13.	int signature requ	ired when reinstating) ADDITIONS/CHANGE		AND DIRECTO	RS IN 12
12.	PD	D DIRLOTO	☐ DELETE	1.1 TITLE		7,007,101107,0117,1110		☐ Change	Addition
NAME	SHAH, BHARAT (BEN K)		_	1.2 NAME]
STREET ADDRESS	8900 FARIBANKS N HOUSTON	RD			T ADDRESS				ŀ
CITY-ST-ZIP	HOUSTON TX 77064		,	1.4 CITY-S					,
TITLE	VPAT		IN DELETE	2.1 TITLE		Treasurer		☐ Change	Addition
NAME	GATELY, W			2.2 NAME		M. Jean Brown	ı		
STREET ADDRESS	890 FAIRBANKS			2.3 STREE	T ADDRESS	337Scott Ave.			}
CITY-ST-ZIP	HOUSTON TX 77064		,	2. 4 CITY-	ST-ZIP	Glen Ellyn, Il	60137		
TITLE	D	_	DELETE	3.1 TITLE		•	*	☐ Change	Addition
NAME	ADIMGER, T.L.		-	3.2 NAME					
STREET ADDRESS	501 DEVON DR.			3.3 STREE	TADDRESS				}
CITY-ST-ZIP	BORR RIDGE IL 60501			3.4. C/TY-	ST-ZIP				
TITLE	S		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	AVRIL, G.L.			4. 2 NAME			•		ĺ
STREET ADDRESS	813 S. QUINCY			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	HINSDALE IL			4.4 CITY-5	ST-ZIP				
TITLE	VPTD	<u> </u>	☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	WIGGINS, TIMOTHY J			5.2 NAME					,
STREET ADDRESS	2505 HANFORD LANE			1	T ADDRESS				j
CITY-ST-ZIP	AURORA IL			5.4 CITY-5	ST- ZIP				
TITLE	CD		☐ DELETE	6.1 TITLE				Change	☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-\$T-ZIP

GLENN, GERALD M

413 W WALNUT

HINSDALE IL