

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90249 048 ***150.00

0807419 AT

DOCUMENT # F01000000456
 1. Entity Name
CONSTRUCTION FORMS, INC.

Principal Place of Business Mailing Address
777 MARITIME DRIVE **PO BOX 308**
PORT WASHINGTON WI 53074-0308 **PORT WASHINGTON WI 53074-0308**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **39-1104344** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ADLER, DEAN
1060 WINDING WATER CIRLCE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent
 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.
 (See criteria on back)

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	P KASTELIC, ALAN J 777 MARITIME DRIVE PORT WASHINGTON WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	ST HANAMANN, JAY R 777 MARITIME DRIVE PORT WASHINGTON WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	CAT FINNERAN, WILLIAM B 12 EAST 49TH STREET NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D COONEY, ROBERT 645 BEACHLAND BLVD., STE 2 VERO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D DELUCCA, JOHN J 1325 AVENUE OF THE AMERICAS 34TH FL NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D MCCORMACK, MARY 29 WALLBROOKE RD. SCARSDALE NY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Eig, Norman 30 Rockefeller Plaza, 59th Floor New York, NY 10112-5900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Scott, William 885 Third Ave, Suite 3020 New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D DeLucca, John J 314 Ardmore Rd Ho-Ho-Cus, NJ 07423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Jay R Hanaman **TREASURER** 1/16/02 262-268-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)