DOCUMENT #	F99000003983
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TOM ALLEN CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

6218 MILLER DRIVE

6218 MILLER DRIVE

EDWARDSVILLE IL 62025

**EDWARDSVILLE IL 62025** 

2. Principal Place of Business	3. Mailing Address				
3775 Tosovsky Lane	3775 Tosovsky Lane				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				



Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State City & State				<del></del>		FEI Number			Applied For	
Edwardsville, IL Edwardsville			le, I	, IL "		76-0589277			lot Applicable	
Zip	Country	Zip	Country			****				
62025	Madison	62025	Ma	dison	5.				\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent						
		<del></del>		Name			gioterou rig	joine		
CAPITOL CO	DRPORATE SERVICES, INC.									
1333 NORTH DUVAL STREET				Street Address (P.O. Box Number is Not Acceptable)						
			í			<del></del> -				
TALLAHASS	EE FL 32303									
				City	1.	· · · · · · · · · · · · · · · · · · ·	FL	Zip Coo	de	
8. The above na	med entity submits this statement for	the nurnose of changing it	te registere	d office or re	aistared on	ant or both to the Oten of Cl. :				
غ ا		and purpose of changing i	is registere	a onice or re	gistereu ag	ent, or both, in the State of Flori	da.		}	
•										
SIGNATURE	nature, typed or printed name of registered agent a	nd title if applicable. (NO	TF: Registered	Agent signature r	required when to	incration				
		T				mistating)	DATE			
9. This corporat	tion is eligible to satisfy its Intangible	FILE NOW	/!!! FEE I	IS \$150.00		10. Election Campaign Final	!	<b>^-</b> 4		
(See criteria	uirement and elects to do so.	After May 1, 2	002 Fee v	will be \$550	.00	Trust Fund Contribution.			00 May Be	
	on back)	Make Check Paya	ble to De	partment o	f State	Trade Fund Continuation.		Adde	J to Fees	
11.	OFFICERS AND D	PIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 11	
TITLE		X Delete	TITLE	F	resid			X Change	☐ Addition	
	llen, tom		NAME	5	Scot F	fluharty				
	218 MILLER DRIVE		STREE	T ADORESS 🛮 🗸	1500 N	. Mission Roa	A			
CITY-ST-ZIP E	DWARDSVILLE IL 62025		CITY-S	ST-ZIP	Rosehi	ish, Michigan	u 1007	0	<b>\</b>	
TITLE V	ASD	■ Delete	TITLE	V	ice P	resident		O ☐ Change	■ Addition	
NAME E	astman, Brad		NAME		eil S		_	_ onango	An Modition	
	360 POST OAK BLVD SUITE 210	0	STREET			osovsky Lane				
	OUSTON TX 77056-3023		CITY-S	ST-ZIP	770 I.	osovsky Lane			ĺ	
	د پیدا درواند ادر میکندی خصوصه است.	- · _ Delete	TITLE	- L	<del>oward</del>	sville, IL 62	<u>/025-6</u>		F3 Addition	
NAME H	ADDOX, JAMES H		NAME			ia-L. Orlet	÷ - Ŀ	Change	Addition	
STREET ADDRESS 13	360 POST OAK BLVD SUITE 210	0	STREET		ecret:					
	OUSTON TX 77056-3023	•	CITY-S			osovsky Lane				
TITLE		☐ Delete	TITLE	E	<del>dward</del>	sville, IL 62		7.05	- A 4 # #	
NAME		<u> </u>	NAME			resident	_	_ Change	X Addition	
STREET ADDRESS		·				Wilhelm_	•	•		
CITY-ST-ZIP			CITY-S	, , , , , ,	//5 To	osovsky Lane			}	
TITLE		□ Delete	TITLE	— — — — — — — — — — — — — — — — — — —	dward	sville, IL 62				
NAME		☐ Descie	NAME	יש	irect	or & L	L.	_] Change	X Addition	
STREET ADDRESS						Gordon	_		[	
CITY-ST-ZIP			CITY-S	T 710	oou Po	ost_Oak_Blvd.	Suite	210	0	
TITLE	-	☐ Delete	_	H(	oustor	7, Texas 7705	_			
NAME		□ Delete	TITLE NAME		irecto			] Change	X Addition	
STREET ADDRESS				ADDRESS 1 3	errick	A. Jensen		•	}	
CITY-ST-ZIP			CITY-ST	, <sub>715</sub>   1 - 4	360 Pc	ost Oak Blvd.	Suite	2100	0	
13. I hereby certif	v that the information supplied with the	is filing does not qualify to		H0	oustor	i, Texas 7705	6-302	3		

indicated on this report or 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

SIGNATURE:

VALUE AND AT LOSS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

April 30, 2002 618-656-3059