


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90199 017 ***158.75

DOCUMENT # P12337
 1. Entity Name
 ROBERTSON-CECO CORPORATION



Principal Place of Business
 2626 WARRENVILLE ROAD
 SUITE 400
 DOWNERS GROVE, IL 60515 US

Mailing Address
 2626 WARRENVILLE ROAD
 SUITE 400
 DOWNERS GROVE, IL 60515 US

4004304



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3479146	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SAGE, II A 1730 LAKEHOUSE DRIVE N. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSKOVENSKY, E A 4295 QUAIL RUN PLACE DANVILLE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HEISLEY, MICHAEL E 2626 WARRENVILLE ROAD SUITE 400 DOWNERS GROVE, IL 60515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VICE PRESIDENT WOLSKI, LARRY 2626 WARRENVILLE RD. SUITE 400 DOWNERS GROVE, IL 60515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary MEADOWS, STANLEY H 2626 WARRENVILLE RD, SUITE 400 DOWNERS GROVE, IL 60515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SHUDY, KEVIN 2626 WARRENVILLE RD STE 400 DOWNERS GROVE, IL 60515

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin J. Shudy Kevin J. Shudy 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #