-2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F9600001273

1 Entity Name

CRANE CONSTRUCTION COMPANY OF ILLINOIS, INC.



Principal Place of Business Mailin

343 WAINWRIGHT DR. NORTHBROOK, IL 60062 Mailing Address

343 WAINWRIGHT DR. NORTHBROOK, IL 60062 FILED
Apr 19, 2004 08:00 AM
— Secretary of State



04062004

No Chg-P

CR2E034 (10/03)

FEI Number
 36-2349035

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIDER, DONALD C C/O SIDER & HIPSMAN, P.A. 150 E. BOCA RATON RD. BOCA RATON, FL 33432

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	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	ith, in the State of Flor	ida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	i applicable (NOTE, Registered	Agent signature	required when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
18.	OFFICERS AND DIREC	TORS				19855	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PDC CRANE, JEFFREY D 343 WAINWRIGHT DR. NORTHBROOK, IL 60062				04/[9/04-		150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP	V GRANDE, RALPH 343 WAINWRIGHT DR. NORTHBROOK, IL 60062	*					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSER, RONALD 343 WAINWRIGHT DR. NORTHBROOK, IL 60062			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PODGORNY, MICHAEL 343 WAINWRIGHT DR. NORTHBROOK, IL 60062			IN	THIS SP	ACE	
INTLE NAME STREET ADDRESS CRY-ST-ZIP	V BISCHEN, RICHARD 43 WAINWRIGHT DR. NORTHBROOK, IL 60062						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRANE, MORTON J 343 WAINWRIGHT DR. NORTHBROOK, IL 60062	The description for the pro-	, and a state		Vi) Florida Statistas 1	further certify the	the information

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3/ii). 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 cath, 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:

IGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04 847-291-342