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Feb 27 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 804819 (1)

1. Corporation Name

BITUMINOUS CASUALTY CORPORATION

Principal Place of Business

Mailing Address

C/O ROBERT RAINEY
320 18TH STREET
ROCK ISLAND IL 61201

C/O ROBERT RAINEY
320 18TH STREET
ROCK ISLAND IL 61201

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTON INSURANCE OF FL.
2 ELGIN PARKWAY NE
SUITE 33
FT. WALTON BEACH FL 32549

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME LARDNER, PETER
STREET ADDRESS 320-18TH ST.
CITY-ST-ZIP ROCK ISLAND IL

☐ DELETE

TITLE P
NAME SANTRY, JAMES
STREET ADDRESS 320-18TH ST
CITY-ST-ZIP ROCK ISLAND, ILL 00000

☐ DELETE

TITLE VT
NAME RAINEY, ROBERT
STREET ADDRESS 320 18TH STREET
CITY-ST-ZIP ROCK ISLAND IL

☐ DELETE

TITLE V
NAME ATOR, ROBERT G
STREET ADDRESS 320-18TH ST.
CITY-ST-ZIP ROCK ISLAND IL

☐ DELETE

TITLE V
NAME SNODGRASS, WILLIAM A
STREET ADDRESS 320-18TH ST.
CITY-ST-ZIP ROCK ISLAND IL

☐ DELETE

TITLE V
NAME SUNDQUIST, JAMES W
STREET ADDRESS 320-18TH ST.
CITY-ST-ZIP ROCK ISLAND IL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

Rock Island, IL 61201

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

Rock Island, IL 61201

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

Rock Island, IL 61201

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

Rock Island, IL 61201

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

Rock Island, IL 61201

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

Rock Island, IL 61201

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.

SIGNATURE:

Robert Rainey

2/20/98

309-786-5401

CP2E034 (10/97)