

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 804819**

1. Entity Name

BITUMINOUS CASUALTY CORPORATION**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90049 016 ***150.00

Principal Place of Business

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

Mailing Address

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

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 **36-0810360**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	C									
	LARDNER, PETER	320-18TH ST	ROCK ISLAND IL 61201							
	VT									
	RAINEY, ROBERT	320 18TH STREET	ROCK ISLAND IL 61201							
	P									
	ATOR, ROBERT G	320-18TH ST.	ROCK ISLAND IL 60201							
	V									
	HORACK, BRUCE	320-18TH ST.	ROCK ISLAND IL 61201							
	V									
	JORGENSEN, MARK S	320-18TH ST.	ROCK ISLAND IL 61201							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert D. Rainey, Sr. Vice President + Treasurer**2-19-01 309-732-0409**

CR2E034 (10/00)