2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 804819

1. Entity 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

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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

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	C
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH ST
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	VT
NAME	RAINEY, ROBERT
STREET ADDRESS	320 18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	P
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	V
NAME	HORACK, BRUCE
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	V
NAME	JORGENSON, MARK S
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/05-80008-011 150.00

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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: Robert Rainey 2/18/05 309-732-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert D. Rainey, Sr. Vice President/Treasurer