

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 804819

1. Entity Name
BITUMINOUS CASUALTY CORPORATION



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**



02062007 No Chg-P CR2E034 (11/05)

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

**DUTY, JOYCE
3325 -B 7 THOMASVILLE RD
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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 restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000649364
03/07/07-80046-011 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert B Rainey, SR. Vice President & Treasurer