

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 822439**

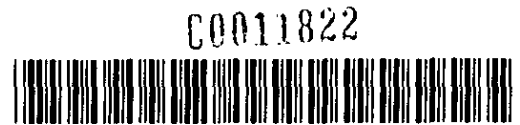
1. Entity Name

**KENNY CONSTRUCTION COMPANY****FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90189 029 \*\*\*158.75

Principal Place of Business <b>250 NORTHGATE PARKWAY P.O. BOX 909F WHEELING IL 60090</b>	Mailing Address <b>250 NORTHGATE PARKWAY P.O. BOX 909F WHEELING IL 60090-0909</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-2046200</b>		Applied For
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RUEL G PATRICK 1024 S MIAMI AVE MIAMI FL 33130</b>		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. 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	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, R.P.</b>	NAME	
STREET ADDRESS	<b>250 NORTHGATE PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WHEELING IL</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNY, GERARD</b>	NAME	
STREET ADDRESS	<b>250 NORTHGATE PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WHEELING IL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNY, JAMES</b>	NAME	
STREET ADDRESS	<b>250 NORTHGATE PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WHEELING IL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNY, JOHN E. JR.</b>	NAME	
STREET ADDRESS	<b>250 NORTHGATE PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WHEELING IL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEDY, JACK</b>	NAME	
STREET ADDRESS	<b>250 NORTHGATE PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WHEELING IL</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, JOAN ELIZABETH</b>	NAME	
STREET ADDRESS	<b>250 NORTHGATE PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WHEELING IL</b>	CITY-ST-ZIP	

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 of R. P. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

847-541-8200

Date

Daytime Phone #