

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:11

DOCUMENT # 836604 (9)

1. Corporation Name

CAPITOL CONSTRUCTION GROUP, INC.

Principal Place of Business

1400 SOUTH WOLF ROAD  
BUILDING 100  
WHEELING IL 60090

Mailing Address

1400 SOUTH WOLF ROAD  
BUILDING 100  
WHEELING IL 60090

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/30/1976  
3a. Date of Last Report 02/07/1994

2. Principal Place of Business

21 [ ]  
Suite, Apt. #, etc.

2a. Mailing Address

26 [ ]  
Suite, Apt. #, etc.

4. FEI Number

36-2474012

Applied For

Not Applicable

22 [ ]  
City & State

27 [ ]  
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 [ ]  
Zip

Country

28 [ ]  
Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 [ ]

25 [ ]

29 [ ]

30 [ ]

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

TITLE	P
NAME	GOLDBLATT, MARVIN
STREET ADDRESS	1000 CAPITOL DRIVE
CITY-ST-ZIP	WHEELING IL
TITLE	SRVP
NAME	BROWN, MICHAEL
STREET ADDRESS	3840 JOANNE DRIVE
CITY-ST-ZIP	GLENVIEW IL
TITLE	S
NAME	STERNFIELD, SCOTT
STREET ADDRESS	1000 CAPITOL DRIVE
CITY-ST-ZIP	WHEELING IL
TITLE	D
NAME	FREED, JOSEPH J.
STREET ADDRESS	1000 CAPITOL DRIVE
CITY-ST-ZIP	WHEELING IL
TITLE	VP
NAME	MEDERICH, PAUL R
STREET ADDRESS	518 S WILLE ST
CITY-ST-ZIP	MT PROSPECT IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BELCASTEE, LARRY	
1.3 STREET ADDRESS	730 PARK AVE	
1.4 CITY-ST-ZIP	RIVER FOREST, IL 60305	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REMOVE SR V.P.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this filing, return 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul R. Mederich*  
Paul R. Mederich

V.P. FINANCE

1-23-95

(708) 215-2500

Date

Signature/Name #