

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90017 021 ***558.75

DOCUMENT # 836604

1. Entity Name
CAPITOL CONSTRUCTION GROUP, INC.

A0071659



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1400 SOUTH WOLF ROAD
BUILDING 100
WHEELING IL 60090

Mailing Address
1400 SOUTH WOLF ROAD
BUILDING 100
WHEELING IL 60090

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

4. FEI Number **36-2474012**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DONOVAN, THOMAS	
STREET ADDRESS	28N180 CATIGNY DR.	
CITY-ST-ZIP	WINFIELD IL 60190	
TITLE	S	<input type="checkbox"/> Delete
NAME	STERNFIELD, SCOTT	
STREET ADDRESS	1000 CAPITOL DRIVE	
CITY-ST-ZIP	WHEELING IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREED, JOSEPH J.	
STREET ADDRESS	1000 CAPITOL DRIVE	
CITY-ST-ZIP	WHEELING IL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BEAULIEU, BRAIN P	
STREET ADDRESS	787 LAUREL LN.	
CITY-ST-ZIP	CARY IL 60022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Picone	
STREET ADDRESS	1631 TIMBERWOODS	
CITY-ST-ZIP	Libertyville, IL 60048	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED **8/2/00** **847-245-5430**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)