

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90112 040 ***150.00

0130961 AT

DOCUMENT # 836604
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-2474012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	P DONOVAN, THOMAS 28N180 CATIGNY DR. WINFIELD IL 60190 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STERNFIELD, SCOTT 1000 CAPITOL DRIVE WHEELING IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREED, JOSEPH J. 1000 CAPITOL DRIVE WHEELING IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BEAULIEU, BRAIN P 787 LAUREL LN. CARY IL 60022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Christopher L. Picone 23245 Chadwick Drive Kildeer, IL 60047 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian P. Beaulieu
 Chief Financial Officer 847.215.2500
 Date Daytime Phone #

CFR2E034 (5/01)



Attachment
DH 83166001
A0076809

July 3, 2001

Uniform Business Report Department
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Lost Report Filing

Enclosed please find our Uniform Business Report, filled out in its entirety. We originally submitted this report back in mid-February and had believed our requirements to have been fulfilled. Upon receipt of your second request to file we checked our bank and learned that the original check in the amount of \$150.00 had never been deposited. After speaking with 3 different individuals at two separate telephone numbers, we were asked to resubmit the report with a check for the original filing fee of \$150.00 and to also enclose a letter stating the situation that had occurred. I have further enclosed copies of the original filing document and original check, which we have since had a stop payment order placed on with our bank.

I have submitted this second filing to your courier address via overnight delivery so that I may be assured it has arrived at its destination. If any additional information is required, please contact us at 847-215-2500. Thank you for your cooperation in this matter.

Sincerely,

CAPITOL CONSTRUCTION GROUP, INC.

A handwritten signature in black ink, appearing to read "Brian P. Beaulieu".

Brian P. Beaulieu
Chief Financial Officer

BPB/epk

Enclosures