


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 843208 (0)			
1. Corporation Name GATES CONSTRUCTION CORP.			
Principal Place of Business 2747 RICHMOND TERRACE STATEN ISLAND NY 10303 US		Mailing Address 2122 YORK ROAD SUITE 200 - TAX DEPT. OAK BROOK IL 60521-1930 US	
2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V <input checked="" type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BIANCHINI, MICHAEL		1.2 NAME	
STREET ADDRESS 2747 RICHMOND TERRACE		1.3 STREET ADDRESS	
CITY- ST- ZIP STATEN ISLAND NY		1.4 CITY- ST- ZIP	
TITLE V <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RUPICH, JOHN		2.2 NAME	
STREET ADDRESS 2747 RICHMOND TERRACE		2.3 STREET ADDRESS	
CITY- ST- ZIP STATEN ISLAND NY		2.4 CITY- ST- ZIP	
TITLE P <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WILLIAMS, ROBERT		3.2 NAME	
STREET ADDRESS 2747 RICHMOND TERRACE		3.3 STREET ADDRESS	
CITY- ST- ZIP STATEN ISLAND NY		3.4 CITY- ST- ZIP	
TITLE SD <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME THOMAS, MARK R		4.2 NAME	
STREET ADDRESS 2122 YORK RD		4.3 STREET ADDRESS	
CITY- ST- ZIP OAK BROOK IL		4.4 CITY- ST- ZIP	
TITLE VD <input type="checkbox"/> DELETE		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MACKIE, DOUGLAS B.		5.2 NAME	
STREET ADDRESS 1716 HIGHLAND TERRACE		5.3 STREET ADDRESS	
CITY- ST- ZIP GLENVIEW IL		5.4 CITY- ST- ZIP	
TITLE VTD <input type="checkbox"/> DELETE		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BIEMECK, BRUCE J		6.2 NAME	
STREET ADDRESS 2122 YORK ROAD		6.3 STREET ADDRESS	
CITY- ST- ZIP OAK BROOK IL		6.4 CITY- ST- ZIP	
14. I do 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 annual report 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 a 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		4/10/97 630-574-2949	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (9/96)