## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 19, 2004 8:00 am Secretary of State **DOCUMENT #846797** 04-19-2004 90333 049 \*\*\*150.00 TAFT CONTRACTING COMPANY, INC. M エリエミエッペ・ Principal Place of Business Mailing Address 5525 W ROOSEVELT RD 5525 W ROOSEVELT RD CICERO, IL 60804 US CICERO, IL 60804 US 2. Principal Place of Business 3. Mailing Address 9000 W 67TH ST. 9000 W 67TH ST. Suite, Apt. #, etc. 04152004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number HODGKINS 36-3007447 Not Applicable HOOGKINS Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SOUR THE PARTY SANS (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 2: After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing 🗽 \$5.00 May Be $\Box$ The Change Trust Fund Contribution. OFFICERS AND DIRECTORS :----ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .10. PD----☐ Delete WALSH, RICHARD -, NAME 9000 W. 671H ST. STREET ADDRESS 5525 W ROOSEVELT RD STREET ADDRESS CITY-ST-ZIP CHICAGO, IL CITY-ST-ZIP HODEKINS, IL 60525 TITLE Change ☐ Delete TITLE ☐ Addition WALSH, PATRICK NAME NAME 9000 W 67TH ST. 5525 W ROOSEVELT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HONGKINS, IL 60525 CHICAGO, IL ☐ Delete TITLE TITLE Change ☐ Addition WALSH, MICHAEL P. NAME \_ 9000 W 67TH ST. 5525 W ROOSEVELT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL CITY-ST-ZIP HODGKINS IL 60525 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME States At STREET ADDRESS STREET ADDRESS Maked Reporter CITY-ST-ZIP CITY-ST-7IP - " TITLE Delete NAME NAME STREET ADDRESS PAR STORY AND A STATE OF THE STREET ADDRESS CITY-ST-ZIP. 12.. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IG OFFICER OR DIRECTOR

FILED