

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90019 003 ***550.00

DOCUMENT # 849181

1. Entity Name
ALLIED BUILDING CRAFTS, INC.

Principal Place of Business
 5374 NORTH ELSTON AVE.
 CHICAGO IL 60630

Mailing Address
 5374 NORTH ELSTON AVE.
 CHICAGO IL 60630

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

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

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3042983** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

REISMAN, STEPHEN H
1 S.E. 3RD AVENUE
SUITE 2600
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE NAME ST DEMOS, JAMES T. STREET ADDRESS 5374 N. ELSTON AVENUE CITY-ST-ZIP CHICAGO IL | <input type="checkbox"/> Delete | TITLE NAME AS Demos, James T. STREET ADDRESS 5374 N. Elston Ave. CITY-ST-ZIP Chicago, IL 60630 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME D GOLDTEIN, GAIL STREET ADDRESS 1111 CROFTON CITY-ST-ZIP HIGHLAND PARK IL | <input type="checkbox"/> Delete | TITLE NAME ST Felsenthal, Robert STREET ADDRESS 5374 N. Elston Ave. CITY-ST-ZIP Chicago, IL 60630 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME PD CAVANAUGH, SEAN STREET ADDRESS 21443 N.23RD AVE. CITY-ST-ZIP PHOENIX AZ | <input type="checkbox"/> Delete | TITLE NAME D Cavanaugh, Sean STREET ADDRESS 1220 S. commerce Suite A CITY-ST-ZIP Las Vegas, NV 89102 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME AS DUHL, STUART STREET ADDRESS 401 N. MICHIGAN AVE. CITY-ST-ZIP CHICAGO IL | <input type="checkbox"/> Delete | TITLE NAME P Wurm, Thomas STREET ADDRESS 1220 S. Commerce Suite A CITY-ST-ZIP Las Vegas, NV 89102 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME AS CIANGIOLA, PATRICIA E. STREET ADDRESS 5374 N. ELSTON AVE. CITY-ST-ZIP CHICAGO IL | <input type="checkbox"/> Delete | TITLE NAME VP Martin Jr., Richard STREET ADDRESS 1220 S. Commerce Suite A CITY-ST-ZIP Las Vegas, NV 89102 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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 _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)