2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849181

FILED Feb 11, 2009 Secretary of State

Entity Name: ALLIED B	UILDING CRAFTS, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
9525 W BRYN MAWR A\ 900	/E			
ROSEMONT, IL 60018				
Current Mailing Address:		New Mailing Address:		
P O BOX 728 ROSEMONT, IL 6001807	728			
FEI Number: 36-3042983	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
REISMAN, STEPHEN H 1 S.E. 3RD AVENUE SUITE 3050 MIAMI, FL 33131 US				
The above named entity s in the State of Florida.	submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Ager		nt	Date	
Election Campaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: PSTD ()	Delete	Title: PSTD (X) Change () Addition	

 Title:
 PSTD () Delete
 Title:
 PSTD (X) Change () Addition

 Name:
 MARTIN, RICHARD
 Name:
 MARTIN, RICHARD

 Address:
 9525 W BRYN MAWR AVE STE 900
 Address:
 4175 RIVERRIDGE

 City-St-Zip:
 ROSEMONT, IL 60018
 City-St-Zip:
 ST CHARLES, IL 60175

Title: AS (X) Delete Title: () Change () Addition

 Name:
 SPREEMAN, LINDA
 Name:

 Address:
 9525 W BRYN MAWR AVE STE 900
 Address:

 City-St-Zip:
 ROSEMONT, IL 60018
 City-St-Zip:

Title: AS () Delete Title: AS (X) Change () Addition

Name: BRADY, PATRICIA Name: BRADY, PATRICIA E

Address: 9525 W BRYN MAWR SUITE 900 Address: 9525 W BRYN MAWR SUITE 900

City-St-Zip: ROSEMONT, IL 60018 City-St-Zip: ROSEMONT, IL 60018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA E BRADY AS 02/11/2009