

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 852824 (2)**  
 1. Corporation Name  
**RUST ENVIRONMENT & INFRASTRUCTURE INC.**



Principal Place of Business  
**3003 BUTTERFIELD ROAD**  
**OAK BROOK IL 60521**

Mailing Address  
**3003 BUTTERFIELD ROAD**  
**OAK BROOK IL 60521**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>05/10/1982</b>	
<b>4. FEI Number</b> <b>39-0246950</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
---	--	--	--

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	SVPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIDEN, DAWN L	1.2 NAME	
STREET ADDRESS	4708 N 40TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHEBOYGAN WI	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONHARDT, THOMAS C.	2.2 NAME	
STREET ADDRESS	4738 N 40TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHEBOYGAN WI	2.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JAN S	3.2 NAME	Carrie L. Cozzi
STREET ADDRESS	3003 BUTTERFIELD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONHARDT, THOMAS C	4.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKS, VAUGHN	5.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, RODNEY C	6.2 NAME	D.P. Payne
STREET ADDRESS	100 CORPORATE PARKWAY	6.3 STREET ADDRESS	3003 Butterfield Road,
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	Oak Brook, Illinois 60523

14. 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 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 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 \_\_\_\_\_

CR2E034 (10/97)