

ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR -5 PM 1:55

DOCUMENT # 857514 (4)

1. Corporation Name
UNION ROOFING CO., INC.

Principal Place of Business Mailing Address
NORTH DIVISION STREET NORTH DIVISION STREET
CHENOA IL 61726 CHENOA IL 61726

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/24/1983	04/13/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		37-0808867	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO HOSELTON, STANLEY	1.1 TITLE	D BEN ROTH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTH DIVISION STREET	1.2 NAME	P.O. BOX 5082
STREET ADDRESS	CHENOA IL	1.3 STREET ADDRESS	208 E GRIDLEY RD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	GRIDLEY, FL 61744
TITLE	STD HOSELTON, RAYMOND	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH DIVISION STREET	2.2 NAME	
STREET ADDRESS	CHENOA IL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD STOKKE, DAVID	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH DIVISION STREET	3.2 NAME	
STREET ADDRESS	CHENOA IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BERTSCHE, JOHN R.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	321 W. MADISON	4.2 NAME	
STREET ADDRESS	PONTIAC IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DALTON, RICHARD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	208 E GRIDLEY RD	5.2 NAME	
STREET ADDRESS	GRIDLEY, IL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied was true and correct, voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment to this report.

SIGNATURE: *D.A. Stokke* 3-10-95 815-245-214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)