

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **857514** (4)

1. Corporation Name  
**UNION ROOFING CO., INC.**



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

3. Date Incorporated or Qualified: **08/24/1983**  
3a. Date of Last Report: **04/05/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		<b>37-0808867</b>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<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	<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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ DATE: **3-8-96** 85-945-2141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)