

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90024 040 ***150.00

DOCUMENT # F03000000348

1. Entity Name
ORIUS CORP.



Principal Place of Business
**1401 FORUM WAY, SUITE 400
WEST PALM BEACH, FL 33401**

Mailing Address
**1401 FORUM WAY, SUITE 400
WEST PALM BEACH, FL 33401**

54020211



2. Principal Place of Business

1800 Hart Road

Suite, Apt. #, etc.
Suite 140

City & State
Barrington, IL

Zip
60010

Country

3. Mailing Address

1000 Hart Road

Suite, Apt. #, etc.
Suite 140

City & State
Barrington, IL

Zip
60010

Country

02162004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0894212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	BLAKE, RONAD L	
STREET ADDRESS	1000 HART ROAD, SUITE 140	
CITY-ST-ZIP	BARRINGTON, IL 60010	

TITLE	VCOO	<input type="checkbox"/> Delete
NAME	OSLAND, PAUL G	
STREET ADDRESS	1000 HART ROAD, SUITE 140	
CITY-ST-ZIP	BARRINGTON, IL 60010	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WASSERMAN, ROBERT S	
STREET ADDRESS	1000 HART ROAD, SUITE 140	
CITY-ST-ZIP	BARRINGTON, IL 60010	

TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	AGRES, ROBERT E	
STREET ADDRESS	1000 HART ROAD, SUITE 140	
CITY-ST-ZIP	BARRINGTON, IL 60010	

TITLE	VS	<input type="checkbox"/> Delete
NAME	HARTMANN, THOMAS W	
STREET ADDRESS	1000 HART ROAD, SUITE 140	
CITY-ST-ZIP	BARRINGTON, IL 60010	

TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	GREECE, RICHARD G	
STREET ADDRESS	1000 HART ROAD, SUITE 140	
CITY-ST-ZIP	BARRINGTON, IL 60010	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary F. Berger	
STREET ADDRESS	1000 Hart Rd., Suite 140	
CITY-ST-ZIP	Barrington, IL 60010	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Starr	
STREET ADDRESS	1000 Hart Rd., Suite 140	
CITY-ST-ZIP	Barrington, IL 60010	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James F. Guthrie	
STREET ADDRESS	1000 Hart Rd., Suite 140	
CITY-ST-ZIP	Barrington, IL 60010	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William H. Maltender	
STREET ADDRESS	1000 Hart Rd., Suite 140	
CITY-ST-ZIP	Barrington, IL 60010	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William A. Shuttleworth	
STREET ADDRESS	1000 Hart Rd., Suite 140	
CITY-ST-ZIP	Barrington, IL 60010	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	F. John Stark III	
STREET ADDRESS	1000 Hart Rd., Suite 140	
CITY-ST-ZIP	Barrington, IL 60010	

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #