


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006361 1. Entity Name SCAFFOLDING DYNAMICS INCORPORATED	
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Principal Place of Business 260 MARKET PLACE MANHATTAN, IL 60442	Mailing Address 260 MARKET PLACE MANHATTAN, IL 60442
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02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0573017	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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DO NOT WRITE IN THIS SPACE

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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KUNTZ, DALE E 260 MARKET PLACE MANHATTAN, IL 60442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TALLEY, MARK S 260 MARKET PLACE MANHATTAN, IL 60442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KRUEGER, JEFFREY A 260 MARKET PLACE MANHATTAN, IL 60442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD UREMOVICH, MICHAEL J 260 MARKET PLACE MANHATTAN, IL 60442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000065986 02/25/04-80059-018 158.75 DO NOT WRITE IN THIS SPACE

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: *J. Krueger* Treasurer 2-16-04 (815) 478-4615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #