

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002445

FILED
Mar 11, 2008
Secretary of State

Entity Name: GRAYCOR INDUSTRIAL CONSTRUCTORS INC.

Current Principal Place of Business:

ONE GRAYCOR DRIVE
HOMEWOOD, IL 60430

New Principal Place of Business:

Current Mailing Address:

ONE GRAYCOR DRIVE
HOMEWOOD, IL 60430

New Mailing Address:

FEI Number: 36-0898220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: TECKENBROCK, BRADLEY
Address: ONE GRAYCOR DRIVE
City-St-Zip: HOMEWOOD, IL 60430

Title: VP () Delete
Name: PETCU, LEE F
Address: ONE GRAYCOR DRIVE
City-St-Zip: HOMEWOOD, IL 60430

Title: P () Delete
Name: TECKENBROCK, BRADLEY
Address: ONE GRAYCOR DRIVE
City-St-Zip: HOMEWOOD, IL 60430

Title: SVP () Delete
Name: SMITH, JEFFREY E
Address: ONE GRAYCOR DRIVE
City-St-Zip: HOMEWOOD, IL 60430

Title: VPS () Delete
Name: GORE, THOMAS M
Address: ONE GRAYCOR DRIVE
City-St-Zip: HOMEWOOD, IL 60430

Title: VP () Delete
Name: MUCHESKO, THOMAS
Address: ONE GRAYCOR DRIVE
City-St-Zip: HOMEWOOD, IL 60430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY L. MCDONALD

CLA

03/11/2008

Electronic Signature of Signing Officer or Director

_____ Date