

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002446

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** GRAYCOR BLASTING COMPANY 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:** 36-3402020

**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

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: GRAY, MELVIN  
Address: ONE GRAYCOR DRIVE  
City-St-Zip: HOMEWOOD, IL 60430

Title: P  
Name: TECKENBROCK, BRAD  
Address: ONE GRAYCOR DRIVE  
City-St-Zip: HOMEWOOD, IL 60430

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

Title: S  
Name: MESARCHIK, SUE  
Address: ONE GRAYCOR DRIVE  
City-St-Zip: HOMEWOOD, IL 60430

Title: AS  
Name: CHASTAIN, KEVIN  
Address: ONE GRAYCOR DRIVE  
City-St-Zip: HOMEWOOD, IL 60430

Title: T  
Name: MESARCHIK, SUE  
Address: GRAYCOR INC.  
City-St-Zip: HOMEWOOD, IL 60430

I hereby 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 all other like empowered.

SIGNATURE: SUE MESARCHIK

S

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date