

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90031 027 \*\*\*150.00

**DOCUMENT # F92000000882**Entity Name **GRAYCOR CONSTRUCTION COMPANY INC.****GRAYCOR CONSTRUCTION COMPANY INC.**

Principal Place of Business <b>GRAYCOR DRIVE HOMWOOD IL 60430</b>	Mailing Address <b>ONE GRAYCOR DRIVE HOMWOOD IL 60430-4618</b>
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Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Country	Zip	Country
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4. FEI Number <b>36-3205038</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent****THE PRENTICE HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301****7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

D/E

The corporation is eligible to satisfy its intangible filing requirement and elects to do so.  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
CD GRAY, MELVIN ONE GRAYCOR DRIVE HOMWOOD IL Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P ISAACS, KENNETH ONE GRAYCOR DRIVE HOMWOOD IL 60430 Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V MCALLEN, DAVID ONE GRAYCOR DRIVE HOMWOOD IL Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VS MIZANIN, MICHAEL O ONE GRAYCOR DRIVE HOMWOOD IL Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T MUNDELL, W J ONE GRAYCOR DRIVE HOMWOOD IL Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S GRAY, STEVEN ONE GRAYCOR DRIVE HOMWOOD IL Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 furnished 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 11 or Block 12 if applicable, 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 #

CR2E034 (9/99)