

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91187 004 ***550.00

DOCUMENT # F92000000882

1. Entity Name

GRAYCOR CONSTRUCTION COMPANY INC.

Principal Place of Business

**ONE GRAYCOR DRIVE
 HOMEWOOD IL 60430**

Mailing Address

**ONE GRAYCOR DRIVE
 HOMEWOOD IL 60430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3205038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRAY, MELVIN ONE GRAYCOR DRIVE HOMEWOOD IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISAACS, KENNETH ONE GRAYCOR DRIVE HOMEWOOD IL 60430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCALLEN, DAVID ONE GRAYCOR DRIVE HOMEWOOD IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MIZANIN, MICHAEL O. ONE GRAYCOR DRIVE HOMEWOOD IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNDELL, W J ONE GRAYCOR DRIVE HOMEWOOD IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, STEVEN ONE GRAYCOR DRIVE HOMEWOOD IL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman ISAACS, Kenneth One Graycor Drive Homewood, IL 60430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Matthew J. Gray One Graycor Drive Homewood, IL 60430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2002 708/206-0500
 Date Daytime Phone #

CR2E034 (9/01)