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Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90094 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93000000040

CONSTRUCTION MARKETING RESEARCH COUNCIL, INC.						
Principal Plac	e of Business	Mailing Address	<u> </u>			
	SITA-MONTI /	AL COLOTEN CONPISITAL MON	™ •/	. : ! 		
) (11)) (15)) (1 1)) (1 1))	
-US US					•	
ATTN: SHA-MONHI-						
2. Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		
21 3225 S. MacDill Ave 26 3225 S. MacDill Ave Suite, Apt. #, etc. Suite, Apt. #, etc.				12/29/1992 4. FEI Number	Applied For	
⊢ ¬ —•		Suite, Apt. #, etc. # 129 - 13	7	52-1658215	Not Applicable	
City & Stat		City & State	'		\$8.75 Additional	
	Ampa, Fc	28 TAMPA, F		5. Certifcate of Status Desired	Fee Required	
Zip 24 33	29-8174 Country USA	Zip 29 33629 - 8171 30	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33	9. Name and Address of Current F		<u>,, 02.3</u>	10. Name and Address of New Registered A		
	National Control of Co		81 Name			
MONTI, SITA MS			82 Street A	217		
% CELOTEX CORP-SITA MONTI				225 S. MacDill Ave		
4010 BOY SCOUT BLVD. 10TH FLOOR			83	# 129 - 137		
TAMPA FL 33607			84 City	 	85 Zip Code	
			1-1-3-7	Ampa FL	1 33624-8111	
11. Pursuant	to the provisions of Sections 617.0502 a	ind 617.1508, Florida Statutes,	the above-named o	corporation submits this statement for the purpose of cleration's board of directors. I hereby accept the appoint	hanging its registered tment as registered	
agent. I a	im familiar with and accept the obligation	ns of, Section 617.0503, Florida	a Statutes.	corporation submits this statement for the purpose of cliention's board of directors. I hereby accept the appoint		
SIGNATURE	ta Mor	764 OOT 9	ita Mown		77	
12.	OFFICERS AND		13.		. –	
		DIRECTORS.	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	DIRECTORS	1.1 TITLE	Pb		
TITLE NAME	' -			PD Sylvia Kellogg At USG.	DIRECTORS IN 12	
1	PD JEFF HOLKER 1555 JEFFERSON ROAD		1.1 TITLE	PD Sylvia Kellogg At USG. 125 South Feanklin St.	DIRECTORS IN 12	
NAME	JEFF HOLKER	DELETE	1.1 TITLE 1.2 NAME	PD Sylvia Kellogg At USG.	Change	
NAME STREET ADDRESS	JEFF HOLKER 1555 JEFFERSON ROAD		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	PD Sylvia Kellogg At USG. 125 South Feanklin St. Chicago, IL 60606-4678 VPD	DIRECTORS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP	JEFF HOLKER 1555 JEFFERSON ROAD ROCHESTER NY 14692	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Sylvia Kellogg A+ U.S.G. 125 South Feanklin St. Chicago, IL 60606-4678 VPD Tim Obino	Change	
NAME STREET ADORESS CITY-ST-ZIP TITLE	JEFF HOLKER 1555 JEFFERSON ROAD ROCHESTER NY 14692 VPD	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	PD Sylvia Kellogg A+ U.S.G. 125 South Feanklin St. Chicago, IL 60606-4678 VPD Jim Quinn 1502 Michigan Street	Change	
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	JEFF HOLKER 1555 JEFFERSON ROAD ROCHESTER NY 14692 VPD VICTORIA VOGT 2020 SILVER BELL RD STE 15 AT PAUL MN 55122	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Sylvia Kellogg At U.S.G. 125 South Feanklin St. Chicago, IL 60606-4678 VPD Jim Quinn 1502 Michigan Street Sylviey, OH 45365	DIRECTORS IN 12 Change Addition Change Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	JEFF HOLKER 1555 JEFFERSON ROAD ROCHESTER NY 14692 VPD VICTORIA VOGT 2020 SILVER BELL RD STE 15 AT PAUL MN 55122 TD MONTI, SITA MS. 4910 BOY SCOUT BLYD. IAMPA FL 33897 SD SHAWN DONOVAN 10389 OLIVE BLYD-03 NC ST LOUIS MO 68168 6760 D	DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD Sylvia Kellogg At U.S.S. 125 South Fearklin St. Chicago, IL 60606-4678 VPD Jim Quinn 1502 Michigan Street Sylviey, OH 45365 3225 South MacDill Ave 5 TAMPA, FL 33629-8171 Membership Diesector	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Achange Addition Achange Addition Achange Addition Achange Addition	
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14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: C

πηΕ

NAME

STREET ADDRESS

DELETE

1-13-99

(813) 873-4345

☐ Addition

☐ Change