

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001276

FILED
Jun 21, 2006
Secretary of State

Entity Name: CASE FOUNDATION CONTRACTORS, INC.

Current Principal Place of Business:

P.O. BOX 40
1325 W LAKE ST
ROSELLE, IL 60172

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40
ROSELLE, IL 60172

New Mailing Address:

FEI Number: 36-3926755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: P () Delete
Name: O'MALLEY, JOHN E
Address: 1325 WEST LAKE STREET
City-St-Zip: ROSELLE, IL 60172

Title: VP () Delete
Name: SCHOCK, ROBERT E
Address: 1325 WEST LAKE STREET
City-St-Zip: ROSELLE, IL 60172

Title: VF () Delete
Name: O'NEILL, PATRICK K
Address: 1325 W LAKE ST
City-St-Zip: ROSELLE, IL 60172

Title: ST () Delete
Name: YALE, RICHARD N
Address: 1325 WEST LAKE ST.
City-St-Zip: ROSELLE, IL 60172

Title: AS () Delete
Name: KUHNS, VIVIAN
Address: 1325 WEST LAKE ST.
City-St-Zip: ROSELLE, IL 60172

Title: AS () Delete
Name: PEITSCH, DAVID
Address: 1325 WEST LAKE ST.
City-St-Zip: ROSELLE, IL 60172

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 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: VIVIAN KUHNS

AS

06/21/2006

Electronic Signature of Signing Officer or Director

_____ Date