

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90258 042 ***150.00

DOCUMENT # F94000003021

1. Corporation Name

~~UNR-ROHN-INC.~~ *ROHN Construction, Inc.*

Principal Place of Business

6718 W. PLANK RD.
PEORIA IL 61604
US

Mailing Address

P.O. BOX 2000
PEORIA IL 61656
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

37-0864832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEMBERTON, BRIAN	
STREET ADDRESS	12822 N. GEORGETOWNE ROAD	
CITY-ST-ZIP	DUNLAP IL 61525	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LARUSSO, DAVID	
STREET ADDRESS	6718 WEST PLANK ROAD	
CITY-ST-ZIP	PEORIA IL 61604	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KIRK, TIM	
STREET ADDRESS	340 EAST MAYWOOD	
CITY-ST-ZIP	MORTON IL 61550	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUEHLER, JAY	
STREET ADDRESS	6718 WEST PLANK ROAD	
CITY-ST-ZIP	PEORIA IL 61604	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	JABLONSKI, JEFFRY	
STREET ADDRESS	8405 ROBERTSON ROAD	
CITY-ST-ZIP	EDWARDS IL 61528	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>VD</i>
4.3 STREET ADDRESS	<i>Rohn, Richard</i>
4.4 CITY-ST-ZIP	<i>6092 Brookhill Circle Birmingham, AL 35242</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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.

SIGNATURE: *Jeffrey T. Jablonski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY T. JABLONSKI 4/29/99

Date

(309) 697-4400

Daytime Phone #

CR2E034 (1/98)