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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003021 1. Corporation Name

TITLE

NAME

STREET ADDRESS

UNR - ROHN, INC.

ROHIN CONSTRUCTION, Inc.

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Principal Place of Business		Mailing Address			I SMALLON CHIM COLLEGE	IDII BEIII BBIII BBIII B		1886 (181 (881
6718 W. PLANK RD. PEORIA IL 61604 US		P.O. BOX 2000 PEORIA IL 61656 US		DO	NOT WRITE IN T	THIS SPACE		
		00			3. Date Incorporated or	Qualifed		
					06/09/1994			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		 	plied For
21		26			37-0864832			t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status I	Desired 🗆	\$8.75 A Fee Red	
22		27						
City & State	е	City & State			6. Election Campaign F Trust Fund Contribut	- 11	\$5.00 Added to	
23	Country	Zip	Cou	ntrv				01003
Zip	Country		30	iu y	8. This corporation owe Personal Property To	-		□No
24	9. Name and Address of Curre	29 Appent Registered Appent	_[30]		10. Name and Address			
-	3. Name and Address of Control	regiotorou rigant		81 Name				
THE PRENTICE-HALL CORPORATION SYS 1201 HAYS ST.		N SYSTEM, INC.		<u>C7</u>	Corporation Address (P.O. Box Number is N	57,5ter	رح	
					`	- /5/G	A Roi	ad .
TALL	AHASSEE FL 32301			83	UC G. Typic	- 7. U.S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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				84 City	ntation		FL 85 Zip C	3 2 4
			1	1,,,,,			o of changing ite	
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Stat	tutes, the al	ove-named	corporation submits this stateme	ent for the purpos	e of changing its	registered
office or re	onictored agent or both in the State	e of Florida. Such change was	: autnorized	by the corbi	corporation submits this statement oration's board of directors. I her	reby accept the a	ppointment as rec	registered gistered
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	: autnorized	by the corbi	corporation submits this statems oration's board of directors. I he	reby accept the a	ppointment as rec	registered gistered
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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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE

T. JABLONSKI 4

Change

Addition

May 06, 1999 8:00 am Secretary of State

05-06-1999 90258 042 ***150.00