FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F95000003521	(0)
Corporation Name	. 00000000.	1-

ROBERTSON-CECO INDUSTRIES, INC.

NODEN	13011 0200 1110001111201	, 1110.							
Principal Place	of Business	Mailing Address				4 100(100 1410 1010) DILLI 80(1) DUI)	or Altric Barie Ed:	## INIQUE ELLIN	, (COOL 1181 1001
222 BERKELEY ST. BOSTON MA 02116		222 BERKELEY ST. BOSTON MA 02116							
5001011 11111					-	3. Date incorporated or Qualified 07/21/1995	3a. Date	of Last Re	port
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		h	pplied For
21		26				04-3188639			lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		,	Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		Ad ded	May Be I to Fees
Zip 24	Country 25	Z _I p	30	ntry			s 🛂 No		199.032,
	9. Name and Address of Curre					10. Name and Address of New I	Registered /	Agent	
	•• • • • • • • • • • • • • • • • • • • •			81 Name					
	RPORATION SYSTEM			82 Street	Address	(P.O. Box Number is Not Accepta	bie)		
	OUTH PINE ISLAND ROAD TION FL 33324			83					
	11011 1 2 00021			84 City			FL	85 Zip	Code
<u> </u>	o the provisions of Sections 607.050	0 and 607 1609 Florida Statu	tos the abo	we-named c	corporatio	on submits this statement for the pu	irrose of cha	anging its re	egistered office
or conjeter	ed agent, or both, in the State of Flor	ida. Such change was authori	zea ov tne i	corporation's	s board o	of directors. I hereby accept the app	pointment as	registered	agent. I am
familiar wit	h, and accept the obligations of, Sec	ction 607,0505, Florida Stalule	S.						
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable (N	OTE: Registered	Agent signature	required w ^b	ien reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF			
TITLE	CT	☐ DELETE	1.11	ITLE			Į.	Chan je	☐ Addition
NAME	SILLS, JOHN C		1.2 N	AME					1
STREET ADDRESS	222 BERKELEY ST.		1.3 S	TREET ADDRESS	; [•
CITY-ST-ZIP	BOSTON MA 02116		1.4 0	TY-ST-ZIP					
TITLE	P	☐ DELETE	21	TITLE			ι	Change	☐ Addition
NAME	ROSKOVENSKY, ELMER A		22 N	AME	-				
STREET ADDRESS	222 BERKELEY ST.		235	TREET ADDRESS	ż				
C:TY-ST-ZiP	BOSTON MA 02116		240	11 Y - S1 - Z)P					
TITLE	V	☐ DELETE	3 1	TITLE			Į.	Change	☐ Addition
NAME	MCCORMACK, PETER C		3.2 N	IAME	1				
STREET ADDRESS	222 BERKELEY ST.		3.3	STREET ADDRESS	s				
CITY - ST - ZIP	BOSTON MA 02116			CITY-ST-ZIP	4		 ,		- Addition
TITLE	S	DELETE	4 1	TITLE	Ì		l	Char ge	☐ Addition
NAME	PULTZ, GEORGE S	-	421	IAME					
STREET ADDRESS	222 BERKELEY ST.		4.3 \$	STREET ADDRESS	3				
CITY - ST - ZIP	BOSTON MA 02116			CITY-ST-ZIP				<u> </u>	Addition
TITLE	V	☐ DELETE	5 1	TITLE	-			Charge	Addition
NAME	LAUTZENHISER, GLEN		521	VAME					
STREET ADDRESS	605 SECOND AVE., NORTH	I, 3RD FL.	53	STREET ADDRESS	3				
CITY-SI-ZIF	COLUMBUS MS 39701		541	CITY-ST-ZIP					T Addition
T.TLE		☐ DELETE	6 1	TITLE				Charige	☐ Addition
NAME			6.21	NAME					
STREET ADDRESS			6.3	STREET ADDRESS	s				
CITY - ST - 7IP			6.4	CITY - ST - ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early; 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.

SIGNATURE: Manual Land O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR