

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004506

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** ARVIDAWESTON CONTRACTORS, INC.

**Current Principal Place of Business:**

900 N. MICHIGAN AVE.  
SUITE 1400  
CHICAGO, IL 60611

**New Principal Place of Business:**

**Current Mailing Address:**

900 N. MICHIGAN AVE.  
SUITE 1400  
CHICAGO, IL 60611

**New Mailing Address:**

**FEI Number:** 65-0622556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: NICKELE, GARY  
Address: 900 N. MICHIGAN AVE. SUITE 1400  
City-St-Zip: CHICAGO, IL 60611

Title: VT  
Name: LOVELETTE, STEPHEN A  
Address: 900 N. MICHIGAN AVE. SUITE 1400  
City-St-Zip: CHICAGO, IL 60611

Title: S  
Name: NIELSEN, PAUL C  
Address: 900 N. MICHIGAN AVE. SUITE 1400  
City-St-Zip: CHICAGO, IL 60611

Title: AS  
Name: EWING, KAREN M  
Address: 900 N. MICHIGAN AVE. SUITE 1400  
City-St-Zip: CHICAGO, IL 60611

I hereby 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 all other like empowered.

SIGNATURE: KAREN M. EWING

AS

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date