

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001273

1. Entity Name

CRANE CONSTRUCTION COMPANY OF ILLINOIS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90939 047 ***150.00

Principal Place of Business

343 WAINWRIGHT DR.
 NORTHBROOK IL 60062

Mailing Address

343 WAINWRIGHT DR.
 NORTHBROOK IL 60062

00003761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2349035**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDER, DONALD C
 C/O SIDER & HIPSMAN, P.A.
 150 E. BOCA RATON RD.
 BOCA RATON FL 33432

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Delete
NAME	CRANE, JEFFREY D	
STREET ADDRESS	343 WAINWRIGHT DR.	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANDE, RALPH	
STREET ADDRESS	343 WAINWRIGHT DR.	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOSER, RONALD	
STREET ADDRESS	343 WAINWRIGHT DR.	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> Delete
NAME	PODGORNY, MICHAEL	
STREET ADDRESS	343 WAINWRIGHT DR.	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> Delete
NAME	EISCHEN, RICHARD	
STREET ADDRESS	343 WAINWRIGHT DR.	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRANE, MORTON J	
STREET ADDRESS	343 WAINWRIGHT DR.	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Moser - RONALD MOSER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01
 Date

847-291-3400
 Daytime Phone #

CR2E034 (10/00)