

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003726 (3)**

1. Corporation Name  
**DUR-O-WAL, INC.**

Principal Place of Business  
**3115A NO WILKE RD  
ARLINGTON HEIGHTS IL 60004**

Mailing Address  
**3115A NO WILKE RD  
ARLINGTON HEIGHTS IL 60004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/17/1997</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>36-3104265</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 60 PINE ISLAND RD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			85. Zip Code		

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	CEOD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	CICCARELLI, JOHN A		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	721 RICHARD ST		1.2 NAME		
CITY-ST-ZIP	MIAMISBURG OH 45342		1.3 STREET ADDRESS		
TITLE	DT	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	BRASWELL, RICHARD L		2.1 TITLE	DIRECTOR/TREASURER	
STREET ADDRESS	721 RICHARD ST		2.2 NAME	ALAN F. McILROY	
CITY-ST-ZIP	MIAMISBURG OH 45342		2.3 STREET ADDRESS	721 RICHARD STREET	
TITLE	DP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	MIAMISBURG, OH 45342	
NAME	CATANI, MARIO J		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3115A NO WILKE RD		3.2 NAME		
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004		3.3 STREET ADDRESS		
TITLE	VP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	MONGOLE, WILLIAM C		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3115A NO WILKE RD		4.2 NAME		
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004		4.3 STREET ADDRESS		
TITLE	VP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	GETZ, STEPHEN H		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3115A NO WILKE RD		5.2 NAME		
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004		5.3 STREET ADDRESS		
TITLE	VAS	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME	KRIEBS, KEVIN R		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3115A NO WILKE RD		6.2 NAME		
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004		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.

SIGNATURE *[Signature]* 4/27/98 (647) 577-1647

CR2E034 (10/97)