

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90014 026 ***150.00

DOCUMENT # **F97000003726**

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



Principal Place of Business

**4260 WESTBROOK DRIVE
STE. 120
AURORA IL 60504**

Mailing Address

**4260 WESTBROOK DRIVE
STE. 120
AURORA IL 60504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 **7777 WASHINGTON VILLAGE DRIVE**
Suite, Apt. #, etc.

27 **SUITE 130**

28 **DAYTON OHIO**

29 **45459** **30** **USA**

4. FEI Number

36-3104265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ DELETE
NAME **CICCARELLI, JOHN A**
STREET ADDRESS **721 RICHARD ST**
CITY-ST-ZIP **MIAMISBURG OH 45342**

TITLE **DT** ☐ DELETE
NAME **MCILROY, ALAN F**
STREET ADDRESS **721 RICHARD ST**
CITY-ST-ZIP **MIAMISBURG OH 45342**

TITLE **DP** ☐ DELETE
NAME **CATANI, MARIO J**
STREET ADDRESS **3115A NO WILKE RD**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60004**

TITLE **VP** ☐ DELETE
NAME **MONGOLE, WILLIAM C**
STREET ADDRESS **3115A NO WILKE RD**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60004**

TITLE **VP** ☒ DELETE
NAME **GETZ, STEPHEN H**
STREET ADDRESS **3115A NO WILKE RD**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60004**

TITLE **VAS** ☒ DELETE
NAME **KRIEBS, KEVIN R**
STREET ADDRESS **3115A NO WILKE RD**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60004**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO, P, D** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **7777 WASHINGTON VILLAGE DR., STE. 130**
1.4 CITY-ST-ZIP **DAYTON OHIO 45459**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **7777 WASHINGTON VILLAGE DR., STE. 130**
2.4 CITY-ST-ZIP **DAYTON OHIO 45459**

3.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **4260 WESTBROOK DR., STE. 120**
3.4 CITY-ST-ZIP **AURORA IL 60504**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **4260 WESTBROOK DR., STE. 120**
4.4 CITY-ST-ZIP **AURORA, IL 60504**

5.1 TITLE **SECRETARY** ☐ Change ☒ Addition

5.2 NAME **DOUGLAS L. GOOD**
5.3 STREET ADDRESS **721 RICHARD STREET**
5.4 CITY-ST-ZIP **MIAMISBURG, OHIO 45342**

6.1 TITLE **TREASURER** ☐ Change ☒ Addition

6.2 NAME **JOHN M. RUTHERFORD**
6.3 STREET ADDRESS **7777 WASHINGTON VILLAGE DR., STE 130**
6.4 CITY-ST-ZIP **DAYTON OHIO 45459**

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.

SIGNATURE:

John M. Rutherford

JOHN M. RUTHERFORD 2/16/99

(937) 428-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)