

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003726**

1. Entity Name

DUR-O-WAL, INC.**FILED****Jan 27, 2000 8:00 am**
Secretary of State

01-27-2000 90005 009 ***150.00

Principal Place of Business

Mailing Address

**4260 WESTBROOK DRIVE
STE. 120
AURORA IL 60504****7777 WASHINGTON VILLAGE DR.
STE. 130
DAYTON OH 45459-3976
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3104265

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEPD
CICCARELLI, JOHN A
7777 WASHINGTON VILLAGE DR., STE 130
DAYTON OH 45459** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCILROY, ALAN F
7777 WASHINGTON VILLAGE DR., STE 130
DAYTON OH 45459** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CATANI, MARIO J
4260 WESTBROOK DR., STE 120
AURORA IL 60504** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**W
MONGOLE, WILLIAM C
4260 WESTBROOK DR., STE. 120
AURORA IL 60504** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GOOD, DOUGLAS L
721 RICHARD ST.
MIAMISBURG OH 45342** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JAIME TARONJI, JR.
7777 WASHINGTON VILLAGE DR. STE 130
DAYTON OHIO 45459** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RUTHERFORD, JOHN M
7777 WASHINGTON VILLAGE DR., STE 130
DAYTON OH 45459** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. RUTHERFORD 01/07/00 (937) 428-6360

Date

Daytime Phone #

CR2E034 (9/99)