

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M99000000125

FILED
Jan 24, 2002 8:00 AM
Secretary of State

Entity Name: SAFWAY FORMWORK SYSTEMS, L.L.C.

Current Principal Place of Business:

N14 W23833 STONE RIDGE DRIVE, SUITE 400
WAUKESHA, WI 53188

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1991
MILWAUKEE, WI 53201

New Mailing Address:

FEI Number: 39-1944699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WILSON, MARC
Address: N14 W23833 STONE RIDGE, SUITE 400
City-St-Zip: WAUKESHA, WI 53188

Title: MGR () Delete
Name: VOGT, ALFONS DR
Address: REHHECKE 80, 40885
City-St-Zip: RATINGEN, GERMANY,

Title: MGR () Delete
Name: ROLF-BERND MAAS,
Address: REHHECKE 80, 40885
City-St-Zip: RATINGEN, GERMANY,

Title: MGR () Delete
Name: ROBERT M. SUKALICH,
Address: N14 W23833 STONE RIDGE DR., STE. 400
City-St-Zip: WAUKESHA, WI 53188

Title: MGR () Delete
Name: TREVOR GOSNEY,
Address: N14 W23833 STONE RIDGE DRIVE, SUITE 400
City-St-Zip: WAUKESHA, WI 53188

Title: MGR () Delete
Name: JON P. WEBER,
Address: N14 W23833 STONE RIDGE DR., STE. 400
City-St-Zip: WAUKESHA, WI 53188

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JON P. WEBER

MGR

01/24/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date