

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90006 001 ***150.00

DOCUMENT # P00244

1. Entity Name

SYMONS CORPORATION

Principal Place of Business

**200 EAST TOUHY AVE
DES PLAINES IL 60017
US**

Mailing Address

**7777 WASHINGTON VILLAGE DR
SUITE 130
DAYTON OH 45459
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 **06-1053316**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDCE
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
**VPDC
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
**S
TARONDI, JAIME JR
7777 WASHINGTON VILLAGE DR. #130
DAYTON OH 45459** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATAS
RUTHERFORD, JOHN M.
7777 WASHINGTON VILLAGE DR., STE 130
DAYTON OH 45459** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treas. ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPDG
BARTHOLOMAE, RAYMOND E.
200 E. TOUHY AVE., PO BOX 5018
DES PLAINES IL 60017** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JOHNSON, BRIAN C
100 EAST TOUNY AVENUE
DES PLAINES FL 60017** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP, AT
STEVE FOLEY
200 EAST TOUNY AVE.
DES PLAINES, IL 60017** ☐ 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
JOHN M. RUTHERFORD**1/10/01**
Date**(937) 428-6360**
Daytime Phone #

CR2E034 (10/00)