

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90244 012 \*\*\*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

4. FEI Number

**06-1053316**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 PDCE ☐ Delete  
 NAME CICCARELLI, JOHN A.  
 STREET ADDRESS 7777 WASHINGTON VILLAGE DR., STE 130  
 CITY-ST-ZIP DAYTON OH 45459

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPDC ☐ Delete  
 NAME MCILROY, ALAN F  
 STREET ADDRESS 7777 WASHINGTON VILLAGE DR., STE 130  
 CITY-ST-ZIP DAYTON OH 45459

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME TARONDI, JAIME JR  
 STREET ADDRESS 7777 WASHINGTON VILLAGE DR. #130  
 CITY-ST-ZIP DAYTON OH 45459

TITLE ☒ Change ☐ Addition  
 NAME TARONDI, JAIME JR  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T ☐ Delete  
 NAME RUTHERFORD, JOHN M.  
 STREET ADDRESS 7777 WASHINGTON VILLAGE DR., STE 130  
 CITY-ST-ZIP DAYTON OH 45459

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPDG ☐ Delete  
 NAME BARTHOLOMAE, RAYMOND E.  
 STREET ADDRESS 200 E. TOUHY AVE., PO BOX 5018  
 CITY-ST-ZIP DES PLAINES IL 60017

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPAT ☒ Delete  
 NAME FOLRY, STEVE  
 STREET ADDRESS 200 EAST TOUNG AVE  
 CITY-ST-ZIP DES PLAINES FL 60017

TITLE ☐ Change ☒ Addition  
 NAME VPAT  
 STREET ADDRESS BENKA, JIM  
 CITY-ST-ZIP 200 EAST TOUHY AVE  
 DES PLAINES, IL 60017

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:

*John M. Rutherford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(937) 428-6360**

CR2E034 (9/01)