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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:23

DOCUMENT # **P17424** **(3)**

1. Corporation Name
OLSHAN DEMOLISHING COMPANY, INC.

Principal Place of Business	Mailing Address
ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD. OAK BROOK IL 60521 US	ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD. OAK BROOK IL 60521 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/29/1987
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 TAX Dept	26 TAX Dept.
Suite, Apt. #, etc. 22 100 Corporate Parkway	Suite, Apt. #, etc. 27 P.O. Box 380804
City & State 23 Birmingham AL	City & State 28 Birmingham AL
Zip / Country 24 35242 / 25 Shelby	Zip / Country 29 35238-0804 / 30 Shelby

4. FEI Number: 74-1398554 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	DOKELL, R.B.	12 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	13 STREET ADDRESS	2707 North Loop West, Suite 200
CITY-ST-ZIP	OAK BROOK IL	14 CITY-ST-ZIP	Houston, TX 77008
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	STANCZAK, STEPHEN P	22 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	23 STREET ADDRESS	
CITY ST ZIP	OAK BROOK IL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	RILEY, GEORGIANNE M	32 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	33 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	34 CITY ST ZIP	
TITLE	T	41 TITLE	T ☑ Change ☐ Addition
NAME	MARTIN, JULIE T.	42 NAME	Michael T. Brown
STREET ADDRESS	3003 BUTTERFIELD RD.	43 STREET ADDRESS	100 Corporate Parkway
CITY ST ZIP	OAK BROOK IL	44 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	BIER, BARBARA L	52 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	53 STREET ADDRESS	
CITY ST ZIP	OAK BROOK IL	54 CITY ST ZIP	
TITLE	D	61 TITLE	Asst. Treasurer ☐ Change ☐ Addition
NAME	CURRAN, GERALD B	62 NAME	Leisa S. Kizer
STREET ADDRESS	3003 BUTTERFIELD	63 STREET ADDRESS	100 Corporate Pkwy
CITY ST ZIP	OAK BROOK IL	64 CITY ST ZIP	Birmingham, AL 35242

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Leisa S. Kizer Leisa S. Kizer 3/28/95 205 995 7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006330 CP