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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P17424 (3)
1. Corporation Name
OLSHAN DEMOLISHING COMPANY, INC.



Principal Place of Business
TAX DEPT
100 CORPORATE PARKWAY
BIRMINGHAM AL 35242
US

Mailing Address
TAX DEPT
P. O. BOX 380804
BIRMINGHAM AL 35238-0804
US

2. Principal Place of Business
21 3003 Butterfield Road
Suite, Apt. #, etc.
22
City & State
23 Oak Brook, IL
Zip 60521 Country DuPage
24 25 DuPage
26 3003 Butterfield Road
Suite, Apt. #, etc.
27
City & State
28 Oak Brook, IL
Zip 60521 Country DuPage
29 30 DuPage

3. Date Incorporated or Qualified 12/29/1987
3a. Date of Last Report 04/20/1996
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
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

Signature, typed or printed name of registered agent and title if applicable

(NOIL Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	DOKELL, R.B.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2707 NORTH LOOP WEST, SUITE 200		1.3 STREET ADDRESS	
HOUSTON TX		1.4 CITY-ST-ZIP	
VP	BROWNING, WALTER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100 CORPORATE PKWY.		2.2 NAME	
BIRMINGHAM AL 35242		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
T	MICHAEL T. BROWN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100 CORPORATE PARKWAY		3.2 NAME	
BIRMINGHAM AL		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
AS	BIER, BARBARA L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3003 BUTTERFIELD RD.		4.2 NAME	
OAK BROOK IL		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
AT	MICHAEL, REBECCA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100 CORPORATE PKWY		5.2 NAME	
BIRMINGHAM AL 35238		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 no 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

Jan Stern Reed

1-17-97

CR2E034 (9/96)