

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P17424 (3)**

1. Corporation Name  
**OLSHAN DEMOLISHING COMPANY, INC.**



Principal Place of Business <b>3003 BUTTERFIELD RD                  OAK BROOK IL 60521                  US</b>	Mailing Address <b>3003 BUTTERFIELD RD                  OAK BROOK FL 60521                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/29/1987</b>	4. FEI Number <b>74-1398554</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent		
		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BROWNING, WALTER</b>		1.2 NAME	<b>Michael A. Lang</b>
STREET ADDRESS <b>100 CORPORATE PKWY.</b>		1.3 STREET ADDRESS	<b>3003 Butterfield Road</b>
CITY-ST-ZIP <b>BIRMINGHAM AL 35242</b>		1.4 CITY-ST-ZIP	<b>Oak Brook, Illinois 60523</b>
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>REED, JAN S</b>		2.2 NAME	<b>Carrie L. Cozzi</b>
STREET ADDRESS <b>3003 BUTTERFIELD RD.</b>		2.3 STREET ADDRESS	<b>3003 Butterfield Road</b>
CITY-ST-ZIP <b>OAK BROOK IL</b>		2.4 CITY-ST-ZIP	<b>Oak Brook, Illinois 60523</b>
TITLE <b>AT</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MICHAEL, REBECCA</b>		3.2 NAME	<b>Michael A. Lang</b>
STREET ADDRESS <b>100 CORPORATE PKWY</b>		3.3 STREET ADDRESS	<b>3003 Butterfield Road</b>
CITY-ST-ZIP <b>BIRMINGHAM AL 35238</b>		3.4 CITY-ST-ZIP	<b>Oak Brook, Illinois 60523</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D.P. Payne</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>3003 Butterfield Road</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Oak Brook, Illinois 60523</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 \_\_\_\_\_ **Carrie L. Cozzi** 4/15/98 (630) 572-8800

CR2E034 (10/97)