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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P18544 (7)

1. Corporation Name
RUST SCAFFOLD RENTAL & ERECTION INC.

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

Mailing Address: **ATTN: BARBARA L BIER, 3003 BUTTERFIELD RD., OAK BROOK IL 60521 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/24/1988**

3a. Date of Last Report: **04/27/1994**

4. FEI Number: **35-3569140**

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**

6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**

10. Name and Address of New Registered Agent:

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO SCHMECK, DARRYL G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3003 BUTTERFIELD RD.	1.2 NAME	
STREET ADDRESS	OAK BROOK IL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VP STANCZAK, STEPHEN P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3003 BUTTERFIELD RD.	2.2 NAME	
STREET ADDRESS	OAK BROOK IL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD RILEY, GEORGIANNE M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3003 BUTTERFIELD RD.	3.2 NAME	
STREET ADDRESS	OAK BROOK IL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V BOURG, DARRY JR	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5 WESTBROOK CORP CTR 800	4.2 NAME	T Gregg A. Hassler
STREET ADDRESS	WESTCHESTER IL	4.3 STREET ADDRESS	3003 Butterfield Road
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Oak Brook, IL 60521
TITLE	AS BIER, BARBARA L	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3003 BUTTERFIELD RD.	5.2 NAME	
STREET ADDRESS	OAK BROOK IL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D CURRAN, GERALD B	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3003 BUTTERFIELD RD.	6.2 NAME	
STREET ADDRESS	OAK BROOK IL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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: *Barbara L. Bier* **708/572-8841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Barbara L. Bier, Assistant Secretary**

Date: _____ Daytime Phone #: _____