FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P28502** **(3)**

1. Corporation Name

JOHN BURNS CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 827 ORLAND PARK IL 60462-0827	P.O. BOX 827 ORLAND PARK IL 60462-0827

2. Principal Place of Business 21 17601 & Route 6 Street Apt. #, etc. 22 City & State 23 Orland Park, IL Zip / Country 24 60462 25 USA	2a. Mailing Address 26 Street Apt. #, etc. 27 City & State 28 Zip / Country 29 30

3. Date Incorporated or Qualified 03/07/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 36-0857310	☐ 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

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 607.1504, 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	HAYES, JOHN F.		1.2 NAME
STREET ADDRESS	176TH & RTE 6		1.3 STREET ADDRESS
CITY-ST-ZIP	ORLAND PARK IL		1.4 CITY-ST-ZIP
2 TITLE	VD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	O'MALLEY, JOHN T.		2.2 NAME
STREET ADDRESS	176TH & RTE 6		2.3 STREET ADDRESS
CITY-ST-ZIP	ORLAND PARK IL		2.4 CITY-ST-ZIP
3 TITLE	SD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	DENEMARK, MARY		3.2 NAME
STREET ADDRESS	176TH & RTE 6		3.3 STREET ADDRESS
CITY-ST-ZIP	ORLAND PARK IL		3.4 CITY-ST-ZIP
4 TITLE	TD	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	KAMRADT, JEROME P.		4.2 NAME
STREET ADDRESS	176TH & RTE 6		4.3 STREET ADDRESS
CITY-ST-ZIP	ORLAND PARK IL		4.4 CITY-ST-ZIP
5 TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
6 TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report 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, added or deleted.

SIGNATURE: Mary Denemark, Secretary — 1/22/96 — (708)479-2143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #