

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P29056 (9)
1. Corporation Name
ART DESIGN & CONSTRUCTION CORP.



Principal Place of Business
3003 BUTTERFIELD RD.
OAK BROOK IL 60521
US

Mailing Address
3003 BUTTERFIELD RD.
OAK BROOK IL 60521-1107
US

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

2a. Mailing Address
26 3003 Butterfield Road
Suite, Apt. #, etc.
27
City & State
28 Oak Brook, IL
Zip
29 60521 Country
30 DuPage

3. Date Incorporated or Qualified
04/25/1990

3a. Date of Last Report
05/01/1996

4. FEI Number
16-1353118

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

C T CORPORATION SYSTEM
1200 SOUTH 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RODGERS, WILLIAM A JR.	1.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	O'BRIEN, MICHAEL T	2.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	COLLIER, MICHAEL L	3.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	Assistant Secretary
NAME	BIER, BARBARA L	4.2 NAME	Jeffrey C. Everett
STREET ADDRESS	3003 BUTTERFIELD RD.	4.3 STREET ADDRESS	3003 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL 60521	4.4 CITY-ST-ZIP	Oak Brook, IL 60521
TITLE	T	5.1 TITLE	Treasurer
NAME	NOLT, ROBERT	5.2 NAME	Robert C. biggs
STREET ADDRESS	3003 BUTTERFIELD RD.	5.3 STREET ADDRESS	3003 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL 60521	5.4 CITY-ST-ZIP	Oak Brook, IL 60521
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 appointed and 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: _____ Jeffrey C. Everett 1-15-97

CR2E034 (9/96)