

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90031 044 ***150.00

DOCUMENT #

P 3/201 ✓
CASTJ Marine, Corp.

1. Corporation Name

Principal Place of Business

Mailing Address

3455 Salt Creek Lane
Suite 200
Arlington Heights, IL 60005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/90

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

36-3729468

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Alicia Stephenson	
STREET ADDRESS	125 Buckley Rd.	
CITY-ST-ZIP	Barrington Hills, IL 60010	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Christopher Stephenson	
STREET ADDRESS	125 Buckley Rd.	
CITY-ST-ZIP	Barrington Hills, IL 60010	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Ann Stephenson	
STREET ADDRESS	125 Buckley Rd.	
CITY-ST-ZIP	Barrington Hills, IL 60010	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Shawn Stephenson	
STREET ADDRESS	125 Buckley Rd.	
CITY-ST-ZIP	Barrington Hills, IL 60010	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Jennifer Stephenson	
STREET ADDRESS	125 Buckley Rd.	
CITY-ST-ZIP	Barrington Hills, IL 60010	
TITLE	Asst. Sec.	<input type="checkbox"/> DELETE
NAME	Steven L. Kroll	
STREET ADDRESS	3455 Salt Creek Ln., Ste. 200	
CITY-ST-ZIP	Arlington Heights, IL 60005	

1.1 TITLE	Asst. Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phillip J. Picchiatti	
1.3 STREET ADDRESS	3150 Salt Creek Ln., Ste. 112	
1.4 CITY-ST-ZIP	Arlington Heights, IL 60005	
2.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard J Stephenson	
2.3 STREET ADDRESS	125 Buckley Rd.	
2.4 CITY-ST-ZIP	Barrington Hills, IL 60010	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven L. Kroll, Asst. Sec.

Date

4/13/99

Daytime Phone #

547-342-7414

CR2E034 (11/98)