

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 # P32869

(0)

1. Corporation Name

RUST SCAFFOLD BUILDERS 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

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/19/1991

3a. Date of Last Report

04/19/1995

4. FEI Number

36-3651417

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

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

Signature typed or printed name of registered agent and the agent's title

(If Not Registered Agent, Signature Required When Not Filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
THIBODEAUX, HERMAN
3003 BUTTERFIELD RD
OAK BROOK IL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD
STANCZAK, STEPHEN P
3003 BUTTERFIELD RD
OAK BROOK IL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
RILEY, GEORGIANNE M
3003 BUTTERFIELD RD.
OAK BROOK IL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
MC KINLEY, LAWRENCE B JR.
3003 BUTTERFIELD RD.
OAK BROOK IL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AS
BIER, BARBARA L
3003 BUTTERFIELD RD.
OAK BROOK IL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
CURRAN, GERALD B
3003 BUTTERFIELD RD.
OAK BROOK IL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

600001773896

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***200.00

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 119.07(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 Barbara L. Bier, Assistant Secretary 4/4/96 (305) 572-8841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE

CR2E034 (12/95)