

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P38932

1. Corporation Name Rust Precision Blasting Inc.

Principal Place of Business

3003 Butterfield Road
Oak Brook, IL 60521

Mailing Address

c/o WNX Technologies, Inc.
3003 Butterfield Road
Oak Brook, IL 60521
Attn: Barbara Bier

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 5/22/92 3a. Date of Last Report 4/22/94

4. FEI Number 36-3797686 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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

Signature must be printed name of registered agent and the corporation

Signature must be printed name of registered agent and the corporation

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1. NAME
12.2. STREET ADDRESS
12.3. CITY, STATE, ZIP

13.1. NAME
13.2. STREET ADDRESS
13.3. CITY, STATE, ZIP

D,P
Wright, Thomas W.
3003 Butterfield Road
Oak Brook, IL 60521

☐ Change ☒ Addition

12.4. NAME
12.5. STREET ADDRESS
12.6. CITY, STATE, ZIP

13.4. NAME
13.5. STREET ADDRESS
13.6. CITY, STATE, ZIP

D,VP
Stanczak, Stephen P.
same

☐ Change ☒ Addition

12.7. NAME
12.8. STREET ADDRESS
12.9. CITY, STATE, ZIP

13.7. NAME
13.8. STREET ADDRESS
13.9. CITY, STATE, ZIP

D,S
Riley, Georgianne
same

☐ Change ☒ Addition

12.10. NAME
12.11. STREET ADDRESS
12.12. CITY, STATE, ZIP

13.10. NAME
13.11. STREET ADDRESS
13.12. CITY, STATE, ZIP

D,AT
Curran, Gerald E.
Same

000001476610
-05/05/95--01003--015

****200.00 ****200.00

☐ Change ☒ Addition

12.13. NAME
12.14. STREET ADDRESS
12.15. CITY, STATE, ZIP

13.13. NAME
13.14. STREET ADDRESS
13.15. CITY, STATE, ZIP

T
Ross, Gary W.
same

☐ Change ☒ Addition

12.16. NAME
12.17. STREET ADDRESS
12.18. CITY, STATE, ZIP

13.16. NAME
13.17. STREET ADDRESS
13.18. CITY, STATE, ZIP

AS
Bier, Barbara L.
same

☐ Change ☒ Addition

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information submitted 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 this corporation or the receiver or trustee in possession 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 as an attachment with an address.

SIGNATURE:

Barbara L. Bier

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

708/572-8841