

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 # **P38932** (0)

1. Corporation Name
RUST PRECISION BLASTING INC.



Principal Place of Business: **3003 BUTTERFIELD ROAD OAK BROOK IL 60521**
Mailing Address: **ATTN: BARBARA BIER 3003 BUTTERFIELD ROAD OAK BROOK IL 60521**

3. Date Incorporated or Qualified: **05/22/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-3797686**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

g. 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
85. Zip Code: **FL**

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) _____ (Signature, typed or printed name of signing officer or director) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, THOMAS W	1.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANCZAK, STEPHEN P	2.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, GEORGIANNE	3.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	3.4 CITY-ST-ZIP	
TITLE	DAT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, GERALD B	4.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, GARY W	5.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIER, BARBARA L	6.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	6.4 CITY-ST-ZIP	

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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** 4/3/96 (708) 572-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)