

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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 60521-1107

3. Date Incorporated or Qualified: 05/22/1992  
3a. Date of Last Report: 04/09/1996  
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 3003 Butterfield Road  
22 Suite, Apt. #, etc.  
23 City & State: Oak Brook, IL  
24 Zip: 60521 25 Country: DuPage  
26 3003 Butterfield Road  
27 Suite, Apt. #, etc.  
28 City & State: Oak Brook, IL  
29 Zip: 60521 30 Country: DuPage

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  
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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, THOMAS W	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BIER, BARBARA L	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, GEORGIANNE	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	DAT	<input type="checkbox"/> DELETE
NAME	CURRAN, GERALD B	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, GARY W	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	William P. Hulligan	
13 STREET ADDRESS	3003 Butterfield Road	
14 CITY-ST-ZIP	Oak Brook, IL 60521	
21 TITLE	Secretary/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	T. Michael O'Brien	
23 STREET ADDRESS	3003 Butterfield Road	
24 CITY-ST-ZIP	Oak Brook, IL 60521	
31 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Donald R. Chappel	
33 STREET ADDRESS	3003 Butterfield Road	
34 CITY-ST-ZIP	Oak Brook, IL 60521	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Jan Stern Reed	
53 STREET ADDRESS	3003 Butterfield Road	
54 CITY-ST-ZIP	Oak Brook, IL 60521	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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: Jan Stern Reed 1-15-97

CR2E034 (9/96)