

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90735 022 ***150.00

05/02/03 AT

DOCUMENT # P39470

1. Entity Name
HYCON, INC.



Principal Place of Business
**1501 NORTH DIVISION ST.
TAX DEPARTMENT
PLAINFIELD IL 60544
US**

Mailing Address
**1501 NORTH DIVISION ST.
TAX DEPARTMENT
PLAINFIELD IL 60544
US**

2. Principal Place of Business
**1503 N. Division St.
Suite, Apt. #, etc.**

3. Mailing Address
**1503 N. Division St.
Suite, Apt. #, etc.**

City & State
Plainfield, IL 60544
Zip Country
60544 US

City & State
Plainfield, IL 60544
Zip Country
60544 US

4. FEI Number **63-0937515** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GOODRICH, RICHARD E	
STREET ADDRESS	2419 JOYCE LANE	
CITY-ST-ZIP	NAPERVILLE IL 60564	
TITLE	S	<input type="checkbox"/> Delete
NAME	AVRIL, GARY L	
STREET ADDRESS	813 S. QUINCY	
CITY-ST-ZIP	HINSDALE IL 60521	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORAN, TIMOTHY J P.	
STREET ADDRESS	3507 ELLIOT LANE	
CITY-ST-ZIP	NAPERVILLE IL 60564	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GLENN, GERALD M	
STREET ADDRESS	813 WEST WALNUT	
CITY-ST-ZIP	HINSDALE IL 60521	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JORDON, ROBERT	
STREET ADDRESS	2319 FLEETWOOD COURT	
CITY-ST-ZIP	NAPERVILLE IL 60564	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Braden	
STREET ADDRESS	305 Londonberry Court	
CITY-ST-ZIP	The Woodlands, TX 77382	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy J.P. Moran	
STREET ADDRESS	11 Meadow Cove Drive	
CITY-ST-ZIP	The Woodlands, TX 77382	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald M. Glenn	
STREET ADDRESS	23 Cypress Lake Place	
CITY-ST-ZIP	The Woodlands, TX 77382	
TITLE	VP/Dir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Jordan	
STREET ADDRESS	38 North Provence Circle	
CITY-ST-ZIP	The Woodlands, TX 77382	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard E. Goodrich	
STREET ADDRESS	3 Oakley Downs	
CITY-ST-ZIP	The Woodlands, TX 77382	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment SD# P39470
CORPORATION DESCRIPTIVE INFORMATION

90120029

Code: 1220HYCN38 Name: HYCON, INC.

Employee ID: 63-0937515

Ownership

Common Stock Authorize	1,100
Issued	1,100
Par Value	1.00
Preferred Stock Authorize	
Issued	
Par Value	

States which subsidiary is subject to income tax

LISTING ATTACHED

Parent Corp Name

CHICAGO BRIDGE & IRON COMPANY

FEIN

06-1477022

Owned

100%

Address

8701 NEW TRAILS DRIVE, SUITE 200

City

THE WOODLANDS

County

MONTGOMERY

State

TX

Zip

77380

Country

USA

State which Parent is subject to income tax

LISTING ATTACHED

Grand Parent Name

FEIN

Address

City

State

Zip

Prior Name

FEIN

Prior Address

City

State

Zip

Date Changed

Reason