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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004927 (9)

1. Corporation Name

ROANOKE INTERNATIONAL INSURANCE AGENCY, INC.



Principal Place of Business

1930 THOREAU DR., #101
SCHAUMBURG IL 60173

Mailing Address

1930 THOREAU DR., #101
SCHAUMBURG IL 60173-4166

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

06/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

36-3968922

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	STERRETT, WILLIAM D	
STREET ADDRESS	1930 THOREAU DR., #101	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MOELLER, LEWIS M	
STREET ADDRESS	1930 THOREAU DR., #101	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAHALAN, JAMES L	
STREET ADDRESS	1930 THOREAU DR., #101	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AMSTUTZ, PAUL	
STREET ADDRESS	1930 THOREAU DR., #101	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLORIO, WILLIAM V	
STREET ADDRESS	1930 THOREAU DR., #101	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VASTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	See Attachment
6.4 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: James Cahalan James Cahalan, Vice President

4/18/97 847-519-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0461768

CR2E034 (9/96)

ATTACHMENT -A-

ROANOKE INTERNATIONAL INSURANCE AGENCY, INC.

DIRECTORS

Each director's term expires at the 1997 annual meeting which is scheduled for May 16, 1997.

RONALD P. BETHKE
4760 Lighthouse Drive
Racine, WI 53402
SS #396-42-2282
Phone: 414-639-1457

GERARD M. DOONER
763 Great Plaine Avenue
Needham, MA 02192
SS #060-38-8542
Phone: 617-455-8380

WILLIAM V. FLORIO
3831 Estepona Avenue
Miami, FL 33178
SS #113-44-1357
305-477-6989

LEWIS M. MOELLER
1809 Ivy Lane
Northbrook, IL 60062
SS #847-44-0128
Phone: 708-498-5099

WILLIAM D. STERRETT
4232 Oaksbury Lane
Rolling Meadows, IL 60008
SS #325-40-3951
847-397-3493

JOHN F. WALSH
625 South Irena Avenue
Redondo Beach, CA 90277
SS #090-50-4110
310-316-6200

KATHLEEN A. WILSON
62 Dundee Lane
Barrington Hills, IL 60010
SS #347-42-0216
Phone: 847-381-6801

ATTACHMENT -A-

ROANOKE INTERNATIONAL INSURANCE AGENCY, INC.

OFFICERS

Each officer's term expires at the 1997 annual meeting which is scheduled for May 16, 1997.

Name	Office
William D. Sterrett 4232 Oaksbury Lane Rolling Meadows, IL 60008 SS #325-40-3951 Phone: 847-397-3493	Chairman of the Board and President
Lewis M. Moeller 1809 Ivy Lane Northbrook, IL 60062 SS #847-44-0128 Phone: 708-498-5099	Vice President-Finance & Administration, Assistant Secretary and Treasurer
James L. Cahalan 909 South Wheaton Avenue Wheaton, IL 60187 SS #345-50-9359 Phone: 708-690-7415	Vice President-Legal Affairs and Secretary