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

PROFIT CORFORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F94000004927**

1. Corporation Name

ROANOKE INTERNATIONAL INSURANCE AGENCY, INC.

Principal Place	of Business	Mailing Address						
1501 E. WOODFIELD ROA		1501 E. WOODFIELD ROAD						
302N		302N			DO NOT WRITE IN THIS SPACE			
SCHAUMBURG IL 60173		SCHAUMBURG IL 60173				DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed			
					09/22/1994			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	\vdash	Applied For	
21		26	·····		36-3968922		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	T	5 Additional	
22		27					Required	
City & State	e	City & State			6. Election Campaign Financing		00 May Be	
		28			Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Country		8. This corporation owes the curre		SPAIL.	
24	25	29 30	0]		Personal Property Tax.	Yes	No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							<u>-</u>	
CT CORPORATION SYSTEM			81	Name				
1200 S. PINE ISLAND RD.			82	Street	Address (P.O. Box Number is Not Accepta	ible)		
PLANTATION FL 33324								
PLAN	HAHUN FL 33324		83					
			84	City		85 Z	Zip Code	
			104	City		FL "	.,, 0000	
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.								
·	Trialinia Will, and accept the estigation	5/10 C1, CCC		•			-	
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	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	CTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE			☐ Chan	ige 🔲 Addition	
NAME	STERRETT, WILLIAM D		1.2 NAME					
STREET ADDRESS	1501 E. WOODFIELD ROAD, SU	ITE 302N	1.3 STREE	ADDRESS	/			
CITY-ST-ZIP	SCHAUMBURG IL 60173		1,4 CITY-S	T- ZIP				
TITLE	VAST	☐ DELETE	2.1 TITLE		EVASTO	V Chan	ge 🔲 Addition	
NAME	MOELLER, LEWIS M		2.2 NAME				Ì	
STREET ADDRESS	1501 E. WOODFIELD ROAD, SU	ITE 302N	23 STREET	ADDRESS				
CITY-ST-ZIP	SCHAUMBURG IL		2. 4 CITY-S					
TITLE	VS	☐ DELETE	3.1 TITLE	71-231	BVS -	Chan	ge Addition	
NAME	CAHALAN, JAMES L		3.2 NAME					
	1501 E. WOODFIELD ROAD, SU	ITE 302N	1	T ADDRESS	1		}	
STREET ADDRESS	SCHAUMBURG IL	TIE GOEN						
CITY-ST-ZIP	D D	☐ DELETE	3.4. CITY-S 4.1 TITLE	11-7H	640	S Chan	ige Addition	
TITLE	BETHKE, RONALD P	C DELETE	4.1 SILE 4.2 NAME		500	201 3 3 10 11		
NAME					1501 E. Woodfield Rd., S	المدمة جارية	, !	
STREET ADDRESS	4760 LIGHTHOUSE DR		1	TADORESS	1301 E. WOOD TIET TA., 2	(4/4/3	i	
CITY-ST-ZIP	RACINE WI	[] beleve	4.4 CITY-S	T-ZIP	schaumburg, Illinois	Chan	nge Addition	
TITLE	D	☐ DELETE	5.1 TITLE		END	E Unan	ige ∐ Addition	
NAME	FLORIO, WILLIAM V		5.2 NAME					
STREET ADDRESS	1501 E. WOODFIELD ROAD, SU	IIE 302N	5.3 STREE	T ADDRESS	120 5 N.W. 1944 Street	, suive loy	ł	
CITY-ST-ZIP	SCHAUMBURG IL 60173		5.4 CITY-S	T-ZIP	7205 N.W. 1944 Street, Miami, FL 33126 SV D			
TITLE	D	☐ DELETE	6.1 TITLE		SVD	Chan	ige	
NAME	DOONER, GERARD M		6.2 NAME				j	
STREET ADDRESS	21 CUSTOMS HOUSE STREET,	SUITE 240	6.3 STREE	T ADDRESS	185 Devonshire Street	2019e 800		

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

BOSTON MA 02110

CITY-ST-ZIP

Mar 06, 1999 8:00 am

Secretary of State

03-06-1999 90115 003 ***150.00

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ADDITIONAL DIRECTORS

GERARD M. DOONER 185 Devonshire Street Suite 800 Boston, MA 02110

WILLIAM V. FLORIO 7205 N.W. 19th Street Suite 104 Miami, FL 33126 JOHN F. WALSH 100 West Broadway Suite 100 Long Beach, CA 90802