


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004927 1. Entity Name ROANOKE INTERNATIONAL INSURANCE AGENCY, INC.	
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Principal Place of Business 1501 E. WOODFIELD ROAD 302N SCHAUMBURG, IL 60173 US	Mailing Address 1501 E. WOODFIELD ROAD 302N SCHAUMBURG, IL 60173 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3968922	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000079108
03/08/04-80053-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC STERRETT, WILLIAM D 1501 E. WOODFIELD ROAD, SUITE 302N SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVAD MOELLER, LEWIS M 1501 E. WOODFIELD ROAD, SUITE 302N SCHAUMBURG, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVS CAHALAN, JAMES L 1501 E. WOODFIELD ROAD, SUITE 302N SCHAUMBURG, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BETHKE, RONALD P 1501 E. WOODFIELD RD., SUITE 302N SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD FLORIO, WILLIAM V 7205 NW 19TH STREET, SUITE 104 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD DOONER, GERARD M 185 DEVONSHIRE STREET, SUITE 800 BOSTON, MA 02110

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IN THIS SPACE**

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: James L. Cahalan James L. Cahalan 1/7/04 847-969-8209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #