

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

**FILED**

**May 13 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 # P29726 (7)**  
1. Corporation Name  
**THE ROACH ORGANIZATION, INC.**



Principal Place of Business  
**1721 MOON LAKE BLVD  
555  
HOFFMAN ESTATES IL 60194  
US**

Mailing Address  
**1721 MOON LAKE BLVD.  
555  
HOFFMAN ESTATES IL 60194-1074  
US**

3. Date Incorporated or Qualified **06/13/1990** 3a. Date of Last Report **06/06/1996**  
4. FEI Number **41-1646390** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
b1 Name  
b2 Street Address (P.O. Box Number is Not Acceptable)  
b3  
b4 City **FL** b5 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ROACH, WILLIAM R.	
STREET ADDRESS	45 HAWTHORNE LANE	
CITY-ST-ZIP	BARRINGTON HILLS IL	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	FIERRO, SHARON	
STREET ADDRESS	1680 N. HUDSON, UNIT 3-0	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTIANSON, TONY	
STREET ADDRESS	900 E. SHADY LANE	
CITY-ST-ZIP	WAYZATA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATIENCE, JOHN	
STREET ADDRESS	29 INDIAN HILL ROAD	
CITY-ST-ZIP	WINNETKA IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILL, MICHAEL	
STREET ADDRESS	6477 GRISTMILL SQUARE LANE	
CITY-ST-ZIP	CENTREVILLA VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURPHY, MARY J.	
STREET ADDRESS	5444 COLFAX AVENUE S.	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.8 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VTS
2.8 STREET ADDRESS	PETERSON, ANDREW N. 39 W 723 DEER RUN DR
2.4 CITY-ST-ZIP	ST CHARLES IL 60175
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.8 STREET ADDRESS	KRAKAUER, JOHN L 348 JADE RD
3.4 CITY-ST-ZIP	SILVERTHORNE, CO 80498
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.8 STREET ADDRESS	BORSTING, JACK R. 47310 BLAZING STAR
4.4 CITY-ST-ZIP	PALM DESERT, CA 92261
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.8 STREET ADDRESS	LEWIS JR, VERNON B. 12680 HILLCREST #109
5.4 CITY-ST-ZIP	DALLAS TX 75230
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Mary J. Murphy*

CR2E034 (9/96)