


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P32964**  
 1. Entity Name  
**ROGERS LTD., INC.**



Principal Place of Business: **1050 CENTRAL AVENUE MIDDLETOWN, OH 45044**  
 Mailing Address: **1050 CENTRAL AVENUE MIDDLETOWN, OH 45044**



**DO NOT WRITE IN THIS SPACE**

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number: **31-1257539**  
 Applied For:  Not Applicable

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 ROAD  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

UB00000336656  
 04/27/05-80136-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAZAROW, THEODORE S.
STREET ADDRESS	1050 CENTRAL AVENUE
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	PD
NAME	LAZAROW, JEFFREY W.
STREET ADDRESS	1050 CENTRAL AVENUE
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	VTSD
NAME	BLAKE, ALAN C
STREET ADDRESS	1050 CENTRAL AVENUE
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	VP
NAME	ISROFF, RICHARD
STREET ADDRESS	1050 CENTRAL AVENUE
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other like empowered.

SIGNATURE: *Alan C Blake* **4/26/05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #