


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90967 044 ***150.00

1999736 AB

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

Principal Place of Business 124 CITY CENTRE DROP BOX #1 MIDDLETOWN OH 45042	Mailing Address 124 CITY CENTRE DROP BOX #1 MIDDLETOWN OH 45042
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11021207



2. Principal Place of Business 1050 Central Avenue Suite, Apt. #, etc.	3. Mailing Address PO Box 8720 Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Middletown, OH	City & State Middletown, OH
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4. FEI Number 31-1257539	Applied For
	Not Applicable

Zip 45044	Country USA	Zip 45042	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE D NAME LAZAROW, THEODORE S. STREET ADDRESS 124 CITY CENTRE CITY-ST-ZIP MIDDLETOWN OH	<input type="checkbox"/> Delete
TITLE PD NAME LAZAROW, JEFFREY W. STREET ADDRESS 124 CITY CENTRE CITY-ST-ZIP MIDDLETOWN OH	<input type="checkbox"/> Delete
TITLE VTS NAME BLAKE, ALAN C STREET ADDRESS 124 CITY CENTRE MART CITY-ST-ZIP MIDDLETOWN OH	<input type="checkbox"/> Delete
TITLE VP NAME ISROFF, RICHARD STREET ADDRESS 124 CITY CENTRE CITY-ST-ZIP MIDDLETON OH	<input type="checkbox"/> Delete
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME _____ STREET ADDRESS 1050 CENTRAL AVE CITY-ST-ZIP MIDDLETOWN, OH 45044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS 1050 CENTRAL AVE CITY-ST-ZIP MIDDLETOWN, OH 45044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS 1050 CENTRAL AVE CITY-ST-ZIP MIDDLETOWN, OH 45044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 info empowered.

SIGNATURE: SIGNATURE OF ALAN C BLAKE VP & CFO 1/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)