FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:32

DOCUMENT # **P29726** **(7)**

1. Corporation Name

THE ROACH ORGANIZATION, INC.

Principal Place of Business	Mailing Address
150 N. MARTINGALE RD. #700 SCHAYNBURG IL 60173 US	150 N. MARTINGALE RD. #700 SCHAUMBURG IL 60173 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/13/1990
3a. Date of Last Report: 04/27/1994
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

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

	12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PCD	TITLE	☐ Change ☐ Addition
NAME	ROACH, WILLIAM R.	NAME	
STREET ADDRESS	45 HAWTHORNE LANE	STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON HILLS IL	CITY-ST-ZIP	
TITLE	VTS	TITLE	☐ Change ☐ Addition
NAME	FIERRO, SHARON	NAME	
STREET ADDRESS	1660 N. HUDSON, UNIT 3-0	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CHRISTIANSON, TONY	NAME	
STREET ADDRESS	900 E. SHADY LANE	STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN	CITY-ST-ZIP	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	PATIENCE, JOHN	NAME	
STREET ADDRESS	200 WOODLEY ROAD	STREET ADDRESS	24 Indian Hill Road
CITY-ST-ZIP	WINNETKA IL	CITY-ST-ZIP	
TITLE	V	TITLE	V ☐ Change ☒ Addition
NAME		NAME	Hill, Michael
STREET ADDRESS		STREET ADDRESS	6477 Gristmill Square Lane
CITY-ST-ZIP		CITY-ST-ZIP	Centreville VA 22020
TITLE		TITLE	V ☐ Change ☒ Addition
NAME		NAME	Murphy Mary Jo
STREET ADDRESS		STREET ADDRESS	5444 Colfax Avenue S.
CITY-ST-ZIP		CITY-ST-ZIP	Minneapolis MN 55419

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sharon Fierro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-95
Date

708-517-5120
Daytime Phone #