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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	Mailing Address
1721 MOON LAKE BLVD 555 HOFFMAN ESTATES IL 60194 US	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

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

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: _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROACH, WILLIAM R.		1.2 NAME		
STREET ADDRESS	45 HAWTHORNE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON HILLS IL		1.4 CITY-ST-ZIP		
TITLE	VTS	☒ DELETE	2.1 TITLE	VTS	☐ Change ☒ Addition
NAME	FIERRO, SHARON		2.2 NAME	PETERSON, ANDREW N.	
STREET ADDRESS	1660 N. HUDSON, UNIT 3-0		2.3 STREET ADDRESS	39 W723 DEER RUN DR	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	ST CHARLES IL 60175	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CHRISTIANSON, TONY		3.2 NAME	KRAKAUER, JOHN L	
STREET ADDRESS	900 E. SHADY LANE		3.3 STREET ADDRESS	348 JADE RD	
CITY-ST-ZIP	WAYZATA MN		3.4 CITY-ST-ZIP	SILVERTHORNE, CO 80498	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	PATIENCE, JOHN		4.2 NAME	BORSTING, JACK R.	
STREET ADDRESS	29 INDIAN HILL ROAD		4.3 STREET ADDRESS	47310 BLAZING STAR	
CITY-ST-ZIP	WINNETKA IL		4.4 CITY-ST-ZIP	PALM DESERT, CA 92261	
TITLE	V	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HILL, MICHAEL		5.2 NAME	LEWIS JR, VERNON B.	
STREET ADDRESS	6477 GRISTMILL SQUARE LANE		5.3 STREET ADDRESS	12680 HILLCREST #109	
CITY-ST-ZIP	CENTREVILLA VA		5.4 CITY-ST-ZIP	DALLAS TX 75230	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, MARY J.		6.2 NAME		
STREET ADDRESS	5444 COLFAX AVENUE S.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____