FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90181 003 ***150.00

DOCUMENT # **P29726**

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/13/1990

4. FEI Number: 41-1646390 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

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

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	V	☐ Change ☒ Addition
NAME	PETERSON, ANDREW N		2.2 NAME	MURRAY, JOHN	
STREET ADDRESS	39 W 723 DEER RUN DR		2.3 STREET ADDRESS	17514 GEORGE MORAN DR	
CITY-ST-ZIP	ST CHARLES IL		2.4 CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KRAKAUER, JOHN L		3.2 NAME		
STREET ADDRESS	348 JADE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SILVERTHORNE CO		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BORSTING, JACK R		4.2 NAME		
STREET ADDRESS	47310 BLAZING STAR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM DESERT CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, VERNON R JR		5.2 NAME		
STREET ADDRESS	12680 HILLCREST #109		5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		5.4 CITY-ST-ZIP		
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		

14. 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 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, with all other like empowered.

SIGNATURE: Mary J. Murphy 4/28/99 612-832-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)