

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90492 014 ***150.00

DOCUMENT # F94000004927

1. Entity Name

ROANOKE INTERNATIONAL INSURANCE AGENCY, INC.

Principal Place of Business

1501 E. WOODFIELD ROA
 302N
 SCHAUMBURG IL 60173
 US

Mailing Address

1501 E. WOODFIELD ROAD
 302N
 SCHAUMBURG IL 60173
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3968922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
 NAME **STERRETT, WILLIAM D**
 STREET ADDRESS **1501 E. WOODFIELD ROAD, SUITE 302N**
 CITY-ST-ZIP **SCHAUMBURG IL 60173**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **EVD** ☐ Delete
 NAME **MOELLER, LEWIS M**
 STREET ADDRESS **1501 E. WOODFIELD ROAD, SUITE 302N**
 CITY-ST-ZIP **SCHAUMBURG IL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **EVS** ☐ Delete
 NAME **CAHALAN, JAMES L**
 STREET ADDRESS **1501 E. WOODFIELD ROAD, SUITE 302N**
 CITY-ST-ZIP **SCHAUMBURG IL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVD** ☐ Delete
 NAME **BETHKE, RONALD P**
 STREET ADDRESS **1501 E. WOODFIELD RD., SUITE 302N**
 CITY-ST-ZIP **SCHAUMBURG IL 60173**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVD** ☐ Delete
 NAME **FLORIO, WILLIAM V**
 STREET ADDRESS **7205 NW 19TH STREET, SUITE 104**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVD** ☐ Delete
 NAME **DOONER, GERARD M**
 STREET ADDRESS **185 DEVONSHIRE STREET, SUITE 800**
 CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James L. Cahalan James L. Cahalan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01
 Date

847-969-8209
 Daytime Phone #

CR2E034 (10/00)