2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004927

1. Entity Name
ROANOKE INTERNATIONAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1501 E. WOODFIELD ROA 302N SCHAUMBURG, IL 60173 US	1501 E. WOODFIELD ROAD 302N SCHAUMBURG, IL 60173 US

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

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

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000079108
03/08/04-80053-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	STERRETT, WILLIAM D
STREET ADDRESS	1501 E. WOODFIELD ROAD, SUITE 302N
CITY-ST-ZIP	SCHAUMBURG, IL 60173
TITLE	EVAD
NAME	MOELLER, LEWIS M
STREET ADDRESS	1501 E. WOODFIELD ROAD, SUITE 302N
CITY-ST-ZIP	SCHAUMBURG, IL
TITLE	EVS
NAME	CAHALAN, JAMES L
STREET ADDRESS	1501 E. WOODFIELD ROAD, SUITE 302N
CITY-ST-ZIP	SCHAUMBURG, IL
TITLE	SVD
NAME	BETHKE, RONALD P
STREET ADDRESS	1501 E. WOODFIELD RD., SUITE 302N
CITY-ST-ZIP	SCHAUMBURG, IL 60173
TITLE	SVD
NAME	FLORIO, WILLIAM V
STREET ADDRESS	7205 NW 19TH STREET, SUITE 104
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SVD
NAME	DOONER, GERARD M
STREET ADDRESS	185 DEVONSHIRE STREET, SUITE 800
CITY-ST-ZIP	BOSTON, MA 02110

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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 like empowered.

SIGNATURE: James L. Cahalan James L. Cahalan 1/7/04 847-969-8209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #