

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000004927	
1. Entity Name ROANOKE INTERNATIONAL INSURANCE AGENCY, INC.	

Principal Place of Business 1501 E. WOODFIELD ROAD 302N SCHAUMBURG, IL 60173 US	Mailing Address 1501 E. WOODFIELD ROAD 302N SCHAUMBURG, IL 60173 US
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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	1501 E WOODFIELD RD, SUITE 302 N
CITY-ST-ZIP	SCHAUMBURG, IL 60173
TITLE	SVD
NAME	DOONER, GERARD M
STREET ADDRESS	167 MILK STREET, SUITE 115
CITY-ST-ZIP	BOSTON, MA 02109

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02/15/06-80009-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Cahalan James Cahalan 1/30/2006 847-969-8209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #