

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90128 048 ***150.00

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**



☐ CHECK HERE IF MAKING CHANGES

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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Cahalan 3/4/03 847-969-8209
Date Daytime Phone #

CR2E034 (10/02)