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Apr 16 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808326 (3)

1. Corporation Name
MILTON ROY COMPANY

Principal Place of Business

**4949 HARRISON AVENUE
P O BOX 7003
ROCKFORD IL 61125-4003**

Mailing Address

**4949 HARRISON AVENUE
P O BOX 7003
ROCKFORD IL 61125-7003**



3. Date Incorporated or Qualified 09/08/1950	3a. Date of Last Report 05/01/1996
4. FEI Number 23-1281355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 201 IVYLAND ROAD	2a. Mailing Address 26 201 IVYLAND ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 IVYLAND, PA	City & State 28 IVYLAND, PA
Zip 24 13974-0577	Country 25 U.S.A.
Zip 29 13974-0577	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAPRADE, EDWIN W.		1.2 NAME THOMAS, PATRICK L	
STREET ADDRESS 14845 WEST 64TH AVENUE		1.3 STREET ADDRESS 4949 HARRISON AVENUE	
CITY - ST - ZIP ARVADA CO		1.4 CITY - ST - ZIP ROCKFORD, IL 61125	
TITLE AT	<input type="checkbox"/> DELETE	2.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TRAUBENBERG, NEIL D		2.2 NAME COOLIDGE, ANSON S.	
STREET ADDRESS 4949 HARRISON AVENUE		2.3 STREET ADDRESS 201 IVYLAND ROAD	
CITY - ST - ZIP ROCKFORD IL		2.4 CITY - ST - ZIP IVYLAND, PA 18974	
TITLE AT	<input type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARLSON, JAMES R		3.2 NAME DONOVAN, PAUL	
STREET ADDRESS 4949 HARRISON AVENUE		3.3 STREET ADDRESS 4949 HARRISON AVENUE	
CITY - ST - ZIP ROCKFORD IL		3.4 CITY - ST - ZIP ROCKFORD, IL 61125	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOLE, WILLIAM R		4.2 NAME COOLE, WILLIAM R	
STREET ADDRESS 4949 HARRISON AVENUE		4.3 STREET ADDRESS 4949 HARRISON AVENUE	
CITY - ST - ZIP ROCKFORD IL		4.4 CITY - ST - ZIP ROCKFORD, IL 61125	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICKETTS, JAMES F		5.2 NAME	
STREET ADDRESS 4949 HARRISON AVE		5.3 STREET ADDRESS	
CITY - ST - ZIP ROCKFORD IL		5.4 CITY - ST - ZIP	
TITLE SD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHILLING, RICHARD M		6.2 NAME	
STREET ADDRESS 4949 HARRISON AVENUE		6.3 STREET ADDRESS	
CITY - ST - ZIP ROCKFORD IL		6.4 CITY - ST - ZIP	

14. I do 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 included 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANSON S. COOLIDGE

VICE PRESIDENT 4/7/97 215-441-0800

Date Daytime Phone #

CR2E034 (9/96)

**MILTON ROY COMPANY
DIRECTORS**

Anson S. Coolidge	201 Ivyland Road	Ivyland, PA 18974
Richard M. Schilling	4949 Harrison Avenue	Rockford, IL 61125
Patrick L. Thomas	4949 Harrison Avenue	Rockford, IL 61125

**MILTON ROY COMPANY
OFFICERS**

Patrick L. Thomas	President	4949 Harrison Avenue Rockford, IL 61125
Anson S. Coolidge	Vice President	201 Ivyland Road Ivyland, PA 18974
Paul Donovan	Treasurer	4949 Harrison Avenue Rockford, IL 61125
Richard M. Schilling	Secretary	4949 Harrison Avenue Rockford, IL 61125
William R. Coole	Assistant Treasurer	4949 Harrison Avenue Rockford, IL 61125
Nell D. Trautenberg	Assistant Treasurer	4949 Harrison Avenue Rockford, IL 61125
James R. Carlson	Assistant Treasurer	4949 Harrison Avenue Rockford, IL 61125