

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
201 IVYLAND ROAD  
P O BOX 7003  
IVYLAND PA 18974-0577  
US

Mailing Address  
201 IVYLAND ROAD  
P O BOX 7003  
IVYLAND PA 18974-0577  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/08/1950	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-1281355	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PATRICK L	12 NAME	
STREET ADDRESS	4949 HARRISON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	14 CITY-ST-ZIP	
TITLE	AT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUBENBERG, NEIL D	22 NAME	
STREET ADDRESS	4949 HARRISON AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	24 CITY-ST-ZIP	
TITLE	AT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, JAMES R	32 NAME	
STREET ADDRESS	4949 HARRISON AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLE, WILLIAM R	42 NAME	
STREET ADDRESS	4949 HARRISON AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	44 CITY-ST-ZIP	
TITLE	VPO	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLIDGE, ANSON S.	52 NAME	
STREET ADDRESS	201 IVYLAND ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHILLING, RICHARD M	62 NAME	PAUL DONOVAN
STREET ADDRESS	4949 HARRISON AVENUE	63 STREET ADDRESS	4949 HARRISON AVENUE
CITY-ST-ZIP	ROCKFORD IL	64 CITY-ST-ZIP	ROCKFORD IL

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ ANSON S. COOLIDGE  
VICE PRESIDENT 4/17/98 315-111-7252

CR2E034 (10/97)