

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90138 016 ***150.00

DOCUMENT # **808326**

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

3. Date Incorporated or Qualified

09/08/1950

4. FEI Number

23-1281355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, PATRICK L	
STREET ADDRESS	4949 HARRISON AVE.	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	TRAUBENBERG, NEIL D	
STREET ADDRESS	4949 HARRISON AVENUE	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CARLSON, JAMES R	
STREET ADDRESS	4949 HARRISON AVENUE	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	COOLE, WILLIAM R	
STREET ADDRESS	4949 HARRISON AVENUE	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COOLIDGE, ANSON S.	
STREET ADDRESS	201 IVYLAND ROAD	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DONOVAN, PAUL	
STREET ADDRESS	4949 HARRISON AVENUE	
CITY-ST-ZIP	ROCKFORD IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

REANSON S. COOLIDGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REANSON S. COOLIDGE VICE PRESIDENT 4/1/99 215-441-7852

Date

Daytime Phone #

CR2E034 (11/98)

808326
401255-90138-16

**MILTON ROY COMPANY
DIRECTORS**

Anson S. Coolidge	201 Ivyland Road	Ivyland, PA 18974
Mary Ann Hynes	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
Mary Ann Hynes	Secretary	4949 Harrison Avenue Rockford, IL 61125
William R. Coole	Assistant Secretary	4949 Harrison Avenue Rockford, IL 61125
Neil D. Trautenberg	Assistant Treasurer	4949 Harrison Avenue Rockford, IL 61125
James R. Carlson	Assistant Treasurer	4949 Harrison Avenue Rockford, IL 61125