FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 23 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005802 (4)

1. Corporation Name
ROYCOM, INC.

Principal Place of Business	Mailing Address
509 W. UNIVERSITY AVE. CHAMPAIGN IL 61820	509 W. UNIVERSITY AVE. CHAMPAIGN IL 61820

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1993
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 37-1309047 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAUTIER, RUSSELL D
306 E. COLLEGE AVE.
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☐ Change ☐ Addition
NAME	HENNEMAN, MICHAEL J	1.2 NAME	
STREET ADDRESS	1605 SO. STATE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL 61820	1.4 CITY-ST-ZIP	
TITLE	CV	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, RODRICK	2.2 NAME	
STREET ADDRESS	PO BOX 1460 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL 61824-1460	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	WORNER, ERIC S	3.2 NAME	
STREET ADDRESS	509 W. UNIVERSITY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL 61820	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, THOMAS	4.2 NAME	
STREET ADDRESS	P O BOX 140 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMAPIGN IL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Eric S Worner ERIC S. WORNER 1/16/95 217-356-8888
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0400713 FN