FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **12/22/1993**
3a. Date of Last Report: **01/23/1995**

4. FEI Number: **37-1309047** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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's signature required when changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	HENNEMAN, MICHAEL J		2 NAME	
STREET ADDRESS	1605 SO. STATE ST.		3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL 61820		4 CITY-ST-ZIP	
TITLE	CV	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, RODRICK		2 NAME	
STREET ADDRESS	PO BOX 1460 N/A		3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL 61824-1460		4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	WORNER, ERIC S		3 NAME	
STREET ADDRESS	509 W. UNIVERSITY		3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL 61820		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, THOMAS		4 NAME	
STREET ADDRESS	P O BOX 140 N/A		4 STREET ADDRESS	
CITY-ST-ZIP	CHAMAPIGN IL		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

CR2E034 (12/95)

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 address.

SIGNATURE: _____ 3/27/96 217-356-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #