

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
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90115 004 ***150.00

DOCUMENT # F94000006671

1. Corporation Name

ROANOKE TRADE SERVICES, INC.

Principal Place of Business

1501 WOODFIELD ROAD
302N
SCHAUMBURG IL 60173
US

Mailing Address

1501 WOODFIELD ROAD
302C
SCHAUMBURG IL 60173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1994

4. FEI Number

36-2756330

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

9. Name and Address of Current Registered Agent

CT 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 PCOB
NAME STERRETT, WILLIAM D
STREET ADDRESS 1930 THOREAU DRIVE SUITE 101
CITY-ST-ZIP SCHAUMBURG IL ☐ DELETE

TITLE ASTV
NAME MOELLER, LEWIS M
STREET ADDRESS 1930 THOREAU DRIVE SUITE 101
CITY-ST-ZIP SCHAUMBURG IL ☐ DELETE

TITLE VS
NAME CAHALAN, JAMES L
STREET ADDRESS 1930 THOREAU DRIVE SUITE 101
CITY-ST-ZIP SCHAUMBURG IL ☐ DELETE

TITLE EVD
NAME WILSON, KATHLEEN A
STREET ADDRESS 1930 THOREAU DRIVE SUITE 101
CITY-ST-ZIP SCHAUMBURG IL ☐ DELETE

TITLE EVD
NAME WALSH, JOHN F
STREET ADDRESS 1930 THOREAU DRIVE SUITE 101
CITY-ST-ZIP SCHAUMBURG IL 60173 ☐ DELETE

TITLE D
NAME FLORIO, WILLIAM V
STREET ADDRESS 7205 WOODFIELD ROAD, STE 104
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1501 E. Woodfield Rd., Suite 302N
1.4 CITY-ST-ZIP

2.1 TITLE ASTEV ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1501 E. Woodfield Rd., Suite 302N
2.4 CITY-ST-ZIP

3.1 TITLE EVS ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1501 E. Woodfield Rd., Suite 302N
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1501 E. Woodfield Rd., Suite 302N
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 1501 E. Woodfield Rd., Suite 302N
5.4 CITY-ST-ZIP

6.1 TITLE DSV ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 7205 N.W. 19th Street, Suite 104
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES L CAHALAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 2/2/99
Daytime Phone # 847-969-8209

CR2E034 (11/98)

GENE G. GOPON
1285 Northland Drive
St. Paul, MN 55120-1139