2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000006671

1. Entity Name

ROANOKE TRADE SERVICES, INC.



Principal Place of Business

Mailing Address

1501 WOODFIELD ROAD 302N 1501 WOODFIELD ROAD

302N

SCHAUMBURG, IL 60173 US

SCHAUMBURG, IL 60173

......

US

FILED Mar 08, 2004 08:00-AM Secretary of State



DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2756330

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

PLANTALI	ON, FL 33324			IN -	THIS SPACE	
the obligat	named entity submits this statement for the pu ons of registered agent	rpose of changing its registered	d office or re	gistered agent, or bo	oth, in the State of Florida. I am f	amiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable. WOTE Registered	Agent signature	redrised when reinstance)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	U00000081066 03/08/04-80133-0	125 150.00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOB STERRETT, WILLIAM D 1501 E. WOODFIELD RE., SUITE 3021 SCHAUMBURG, IL	۷				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTV MOELLER, LEWIS M 1501 E. WOODFIELD RD., SUITE 302I SCHAUMBURG, IL	٧		.,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS CAHALAN, JAMES L 1501 E. WOODFIELD RD., SUITE 302I SCHAUMBURG, IL	N		DO	NOT WRITE	water Afrik Manus
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV WILSON, KATHLEEN A 1501 E. WOODFIELD RD., SUITE 3021 SCHAUMBURG, IL 60173	N	=	IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD WALSH, JOHN F 1501 E. WOODFIELD RD., SUITE 302 SCHAUMBURG, IL 60173	N .		#1.1 f 1.11 1.1 f T	:	
TITLE NAME STREET ADDRESS	DSV FLORIO, WILLIAM V 1501 E. WOODFIELD RD., SUITE 302	N				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

SCHAUMBURG, IL 60173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

James L. Cahala

1/2/04 8

<u>845-464-850</u>