**FILED** 

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Mar 18, 2003 8:00 am Secretary of State F94000006671 DOCUMENT # 1. Entity Name 03-18-2003 90069 006 \*\*\*150.00 ROANOKE TRADE SERVICES, INC. Principal Place of Business Mailing Address 1501 WOODFIELD ROAD 1501 WOODFIELD ROAD 302N 302N SCHAUMBURG IL 60173 SCHAUMBURG IL 60173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 36-2756330 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code F 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PCOB** ☐ Delete TITLE ☐ Change ☐ Addition NAME STERRETT, WILLIAM D NAME STREET ADDRESS 1501 E. WOODFIELD RE., SUITE 302N STREET ADDRESS CITY-ST-ZIP SCHAUMBURG IL CITY-ST-ZIP TITLE **ASTV** ☐ Delete TITLE ☐ Change ☐ Addition NAME MOELLER, LEWIS M NAME 1501 E. WOODFIELD RD., SUITE 302N STREET ADDRESS STREET ADDRESS CITY-ST-7IP SCHAUMBURG IL CITY-ST-ZIP TITLE **FVS** Delete TITLE -Change - Addition NAME CAHALAN, JAMES L NAME STREET ADDRESS 1501 E. WOODFIELD RD., SUITE 302N STREET ADDRESS CITY-ST-ZIP SCHAUMBURG IL CITY-ST-ZIP TITLE DEV ☐ Delete TITLE ☐ Change ☐ Addition NAME WILSON, KATHLEEN A NAME STREET ADDRESS 1501 E. WOODFIELD RD., SUITE 302N STREET ADDRESS CITY-ST-ZIP SCHAUMBURG IL 60173 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME WALSH, JOHN F NAME STREET ADDRESS 1501 E. WOODFIELD RD., SUITE 302N STREET ADDRESS CITY-ST-ZIP SCHAUMBURG IL 60173 CITY-ST-ZIP TITLE DSV ☐ Delete TITLE Change ☐ Addition NAME FLORIO, WILLIAM V NAME STREET ADDRESS 1501 E. WOODFIELD RD., SUITE 302N STREET ADDRESS CITY-ST-7IP SCHAUMBURG IL 60173 CITY-ST-ZIP 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 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 10 or Block 11 if

changed, or on an attachment with an address, with all oth