


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000000365 (5) 1. Corporation Name ANTHONY ROOFING, LTD., INC.					
Principal Place of Business 520 EXCHANGE COURT AURORA IL 60504			Mailing Address 1755 S. NAPERVILLE ROAD SUITE #200 WHEATON IL 60187-8132 US		
2. Principal Place of Business 21 2555 White Oak Circle Suite, Apt. #, etc. 22 City & State 23 Aurora, IL Zip 24 60504		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA		3. Date Incorporated or Qualified 01/23/1995 3a. Date of Last Report 02/16/1996 4. FEI Number 36-3103148 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PC	<input type="checkbox"/> DELETE			
NAME	THOMPSON, JOEL A				
STREET ADDRESS	2045 GLADSTONE				
CITY-ST-ZIP	WHEATON IL 60187				
TITLE	VCT	<input type="checkbox"/> DELETE			
NAME	THOMPSON, ANN M				
STREET ADDRESS	2045 GLADSTONE				
CITY-ST-ZIP	WHEATON IL 60187				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	THOMPSON, BETTY				
STREET ADDRESS	2045 GLADSTONE				
CITY-ST-ZIP	WHEATON IL 60187				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	EPPERLY, PHYLLIS				
STREET ADDRESS	520 EXCHANGE COURT				
CITY-ST-ZIP	AURORA IL 60504				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	Delete				
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:  Ralph R. Bouma, Jr. 2/8/97 630/221-1755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary

Date

Daytime Phone #

0461987

CR2E034 (9/96)