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FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # F97000002370 (1)

1. Corporation Name
ROADWAY PROTECTION AUTO CLUB, INC.

Principal Place of Business
1500 W. SHURE DR.
ARLINGTON HEIGHTS IL 60004

Mailing Address
1500 W. SHURE DR.
ARLINGTON HEIGHTS IL 60004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/05/1997

4. FEI Number
~~APPLIED FOR~~ 36-4103364
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
C T 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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	GARY, ROBERT W	
STREET ADDRESS	2775 SANDERS RD., #F9	
CITY-ST-ZIP	NORTHBROOK IL 60062-6127	
TITLE	P	☐ DELETE
NAME	DYON, ALLEN W	
STREET ADDRESS	1500 W. SHURE DR.	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004	
TITLE	VC	☐ DELETE
NAME	PILCH, SAMUEL H	
STREET ADDRESS	2775 SANDERS RD., #H1A	
CITY-ST-ZIP	NORTHBROOK IL 60062-6127	
TITLE	V	☐ DELETE
NAME	GARDNER, KAREN C	
STREET ADDRESS	2775 SANDERS RD., #G2B	
CITY-ST-ZIP	NORTHBROOK IL 60062-6127	
TITLE	V	☐ DELETE
NAME	SIMMONS, ROBERT L	
STREET ADDRESS	1500 W. SHURE DR.	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004	
TITLE	D	☐ DELETE
NAME	CHOATE, JERRY D	
STREET ADDRESS	2775 SANDERS RD., #F9	
CITY-ST-ZIP	NORTHBROOK IL 60062-6127	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	6/25	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	06/25/98	
6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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.

SIGNATURE: A. W. Dyon   Allen W. Dyon, President   4/24/98   847-253-4800