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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90207 005 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002370

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

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **GARY, ROBERT W**
STREET ADDRESS **2775 SANDERS RD., #F9**
CITY-STATE-ZIP **NORTHBROOK IL 60062-6127**

TITLE **P** ☐ DELETE

NAME **DYON, ALLEN W**
STREET ADDRESS **1500 W. SHURE DR.**
CITY-STATE-ZIP **ARLINGTON HEIGHTS IL 60004**

TITLE **VC** ☐ DELETE

NAME **PILCH, SAMUEL H**
STREET ADDRESS **2775 SANDERS RD., #H1A**
CITY-STATE-ZIP **NORTHBROOK IL 60062-6127**

TITLE **V** ☐ DELETE

NAME **GARDNER, KAREN C**
STREET ADDRESS **2775 SANDERS RD., #G2B**
CITY-STATE-ZIP **NORTHBROOK IL 60062-6127**

TITLE **V** ☐ DELETE

NAME **SIMMONS, ROBERT L**
STREET ADDRESS **1500 W. SHURE DR.**
CITY-STATE-ZIP **ARLINGTON HEIGHTS IL 60004**

TITLE **D** ☐ DELETE

NAME **CHOATE, JERRY D**
STREET ADDRESS **2775 SANDERS RD., #F9**
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

(847) 253-4800

Date

Daytime Phone #

CR2E034 (11/98)