2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90475 031 ***150.00

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1. Entity Name
ROADWAY PROTECTION AUTO CLUB, INC.

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

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
51 W. Higgins Rd.	51 W. Higgins Rd.
Suite, Apt. #, etc.: RGA	Suite, Apt. #, etc.: RGA
City & State: S. Barrington	City & State: S. Barrington
Zip: 60010 Country: USA	Zip: 60010 Country: USA

4. FEI Number: 36-4103364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CBD WILSON, II, THOMAS J 2775 SANDERS RD., STE F8 NORTHBROOK, IL 600626127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman of the Board Danny L. Hale 2775 Sanders Rd., Suite F8 Northbrook, IL 60062-6127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DYON, ALLEN W 1500 W. SHURE DR. ARLINGTON HEIGHTS, IL 60004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 51 W. Higgins Rd., RGA S. Barrington, IL 60010	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC PILCH, SAMUEL H 2775 SANDERS RD., #H1A NORTHBROOK, IL 600626127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GARDNER, KAREN C 2775 SANDERS RD., #G2B NORTHBROOK, IL 600626127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPGC HOFFMAN, KATHLEEN K 1500 WEST SHURE DRIVE ARLINGTON HEIGHTS, IL 60004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 51 W. Higgins Rd., RGA S. Barrington, IL 60010	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALE, DANNY L 2775 SANDERS RD., STE F8 NORTHBROOK, IL 600626127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer James P. Zils 2775 Sanders Rd., Suite G2H Northbrook, IL 60062-6127	☐ Change ☒ Addition

12. 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 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 other like empowered.

SIGNATURE: A. W. Dyon Allen W. Dyon President 4/13/04 847-551-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #