

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 13 AM 11:19

DOCUMENT # **P07792** (5)  
1. Corporation Name  
**AMERICAN ROLLER COMPANY**

Principal Place of Business: **2223 LAKESIDE DRIVE BANNOCKBURN IL 60015**  
Mailing Address: **2223 LAKESIDE DRIVE BANNOCKBURN IL 60015**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/18/1985	01/27/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		36-0729740	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL	B5	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITZLER, ROBERT L.	1.2 NAME	
STREET ADDRESS	1101 CENTRAL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLGER, MICHAEL	2.2 NAME	
STREET ADDRESS	8701 WATERTOWN PLANK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA WI	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, PATRICK J.	3.2 NAME	
STREET ADDRESS	4508 W. 99TH PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK LAWN IL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGUS, L. MICHAEL	4.2 NAME	
STREET ADDRESS	2323 N. DRURY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HGTS. IL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L. Michael Vogus VP-FINANCE 2/6/95 1-708-245-6750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #