

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90019 027 \*\*\*150.00

**DOCUMENT # P07792**

1. Entity Name  
**AMERICAN ROLLER COMPANY**

|  |         |   |         |
|--|---------|---|---------|
| Principal Place of Business<br>2223 LAKESIDE DRIVE<br>BANNOCKBURN IL 60015 |         | Mailing Address<br>2223 LAKESIDE DRIVE<br>BANNOCKBURN IL 60015-1265 |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-0729740**  Applied For  
 Not Applied For

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

|  |  |  |             |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  | 7. Name and Address of New Registered Agent        |             |
|  |  | 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|--|---|--|
| TITLE                      | PD<br>DITZLER, ROBERT L.<br>1101 CENTRAL ROAD<br>GLENVIEW IL       | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | STD<br>BOLGER, MICHAEL<br>8701 WATERTOWN PLANK RD<br>WAUWATOSA WI  | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | V<br>CARNEY, PATRICK J.<br>4508 W. 99TH PL.<br>OAK LAWN IL         | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | V<br>VOGUS, L. MICHAEL<br>2323 N. DRURY LANE<br>ARLINGTON HGTS. IL | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      |  | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      |  | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LS Michael VOGUS **REPRESENTATIVE** 1/18/2000 847-295-6750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #