

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07792

1. Entity Name

AMERICAN ROLLER COMPANY

Principal Place of Business

2223 LAKESIDE DRIVE
BANNOCKBURN IL 60015

Mailing Address

2223 LAKESIDE DRIVE
BANNOCKBURN IL 60015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-0729740

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. 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.

SIGNATURE

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

(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, 2001 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
NAME DITZLER, ROBERT L.
STREET ADDRESS 1101 CENTRAL ROAD
CITY-ST-ZIP GLENVIEW IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME BOLGER, MICHAEL
STREET ADDRESS 8701 WATERTOWN PLANK RD
CITY-ST-ZIP WAUWATOSA WI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME CARNEY, PATRICK J.
STREET ADDRESS 4508 W. 99TH PL.
CITY-ST-ZIP OAK LAWN IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME VOGUS, L. MICHAEL
STREET ADDRESS 2323 N. DRURY LANE
CITY-ST-ZIP ARLINGTON HGTS. IL ☐ Delete

TITLE
NAME VOGUS, L. MICHAEL
STREET ADDRESS 400 MANDA LANE #116
CITY-ST-ZIP WHEELING, IL 60090 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

L. Michael V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/01

Date

847-295-6750

Daytime Phone #

CR2E034 (10/00)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90053 009 ***150.00

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DO NOT WRITE IN THIS SPACE