

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P25412 (8)

1. Corporation Name
ROGERSOL, INC.

Principal Place of Business
**5536 N. NORTHWEST HIGHWAY
 CHICAGO IL 60630**

Mailing Address
**5536 N. NORTHWEST HIGHWAY
 CHICAGO IL 60630**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified
07/31/1989

4. FEI Number
36-3494347 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**PALMER, CHARLES
 312 SW 17TH ST STE 300
 FT LAUDERDALE FL 33316**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

10. Name and Address of New Registered Agent

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 _____ (Name, typed or printed name of registered agent and title if applicable)

(Both Registered Agent signature required when re-stating)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	NICHOL, NORMAN	<input type="checkbox"/> DELETE	11 CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS	1021 DOVER CT	12 STREET ADDRESS	
CITY-ST-ZIP	LIBERTYVILLE IL	13 CITY-ST-ZIP	
TD	PALMER, CHARLES	<input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS	312 SW 17TH ST STE 300	22 NAME	
CITY-ST-ZIP	FT LAUDERDALE FL	23 STREET ADDRESS	
V	ANDERSON, GARY	<input type="checkbox"/> DELETE	24 CITY-ST-ZIP <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS	30W110 GLENHURST CT	31 TITLE	1124 WIND ENERGY PASS
CITY-ST-ZIP	WARRENVILLE IL	32 NAME	BAFARIA, IL.
S	DIDOMINICO, VICTORIA	<input type="checkbox"/> DELETE	33 STREET ADDRESS
STREET ADDRESS	8426 W CATALDA	34 CITY-ST-ZIP	3608 N. FALCON CURF.
CITY-ST-ZIP	CHICAGO IL	41 TITLE	ROLLING MEADOWS CHICAGO IL.
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-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.

SIGNATURE: *[Signature]* GARY ANDERSON 01/05/98 773 775 6755

CR2E034 (10/97)