

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P29065

1. Corporation Name

RRT Empire Returns Corporation

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 **3003 Butterfield Road**

26 **3003 Butterfield Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Oak Brook, Illinois**

28 **Oak Brook, Illinois**

Zip

Country

Zip

Country

24 **60521**

25 **USA**

29 **60521**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

8/5/83

3a. Date of Last Report

4. FEI Number

16-1205855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

**CT Corporation Systems
1200 Pine Island Road
Plantation, Florida 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

Signature based on printed name of registered agent and the following:

Printed Name of Registered Agent (Signature required for change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **William A. Rodgers, Jr.** ☐ DELETE

NAME **President/Director**
STREET ADDRESS **3003 Butterfield Road**
CITY-STATE-ZIP **Oak Brook, Illinois 60521**

TITLE **L. Michael Collier** ☐ DELETE

NAME **Vice President/Director**
STREET ADDRESS **3003 Butterfield Road**
CITY-STATE-ZIP **Oak Brook, Illinois 60521**

TITLE **T. Michael O'Brien** ☐ DELETE

NAME **Vice President/Director**
STREET ADDRESS **3003 Butterfield Road**
CITY-STATE-ZIP **Oak Brook, Illinois 60521**

TITLE **Barbara L. Bier** ☐ DELETE

NAME **Assistant Secretary**
STREET ADDRESS **3003 Butterfield Road**
CITY-STATE-ZIP **Oak Brook, Illinois 60521**

TITLE **Robert Nolt** ☐ DELETE

NAME **Treasurer**
STREET ADDRESS **3003 Butterfield Road**
CITY-STATE-ZIP **Oak Brook, Illinois 60521**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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)(k), 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: **Barbara L. Bier**

Barbara L. Bier, Asst. Secretary 4/23/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Document Filing #

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