

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

FILED

**May 13 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P29726 (7)
1. Corporation Name
THE ROACH ORGANIZATION, INC.



Principal Place of Business
**1721 MOON LAKE BLVD
555
HOFFMAN ESTATES IL 60194
US**

Mailing Address
**1721 MOON LAKE BLVD.
555
HOFFMAN ESTATES IL 60194-1074
US**

3. Date Incorporated or Qualified **06/13/1990** 3a. Date of Last Report **06/06/1996**

4. FEI Number **41-1646390** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | PCD | <input type="checkbox"/> DELETE |
| NAME | ROACH, WILLIAM R. | |
| STREET ADDRESS | 45 HAWTHORNE LANE | |
| CITY-ST-ZIP | BARRINGTON HILLS IL | |
| TITLE | VTS | <input checked="" type="checkbox"/> DELETE |
| NAME | FIERRO, SHARON | |
| STREET ADDRESS | 1680 N. HUDSON, UNIT 3-0 | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CHRISTIANSO, TONY | |
| STREET ADDRESS | 900 E. SHADY LANE | |
| CITY-ST-ZIP | WAYZATA MN | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PATIENCE, JOHN | |
| STREET ADDRESS | 29 INDIAN HILL ROAD | |
| CITY-ST-ZIP | WINNETKA IL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HILL, MICHAEL | |
| STREET ADDRESS | 6477 GRISTMILL SQUARE LANE | |
| CITY-ST-ZIP | CENTREVILLA VA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MURPHY, MARY J. | |
| STREET ADDRESS | 5444 COLFAX AVENUE S. | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VTS |
| 2.3 STREET ADDRESS | PETERSON, ANDREW N. 39 W 723 DEER RUN DR |
| 2.4 CITY-ST-ZIP | ST CHARLES IL 60175 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | D |
| 3.3 STREET ADDRESS | KRAKAUER, JOHN L 348 JADE RD |
| 3.4 CITY-ST-ZIP | SILVERTHORNE, CO 80498 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | D |
| 4.3 STREET ADDRESS | BORSTING, JACK R. 47310 BLAZING STAR |
| 4.4 CITY-ST-ZIP | PALM DESERT, CA 92261 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | D |
| 5.3 STREET ADDRESS | LEWIS JR, VERNON B. 12680 HILLCREST #109 |
| 5.4 CITY-ST-ZIP | DALLAS TX 75230 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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: *Mary J. Murphy*

CR2E034 (9/96)