

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29726 (7)

1. Corporation Name
THE ROACH ORGANIZATION, INC.



DO NOT WRITE IN THIS SPACE

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 US
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3. Date Incorporated or Qualified 06/13/1990	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 41-1646390	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, WILLIAM R.	1.2 NAME	
STREET ADDRESS	45 HAWTHORNE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BARRINGTON HILLS IL	1.4 CITY - ST - ZIP	
TITLE	VTS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ANDREW N	2.2 NAME	
STREET ADDRESS	39 W 723 DEER RUN DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST CHARLES IL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAKAUER, JOHN L	3.2 NAME	
STREET ADDRESS	348 JADE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SILVERTHORNE CO	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSTING, JACK R	4.2 NAME	
STREET ADDRESS	47310 BLAZING STAR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM DESERT CA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, VERNON R JR	5.2 NAME	
STREET ADDRESS	12680 HILLCREST #109	5.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MARY J.	6.2 NAME	
STREET ADDRESS	5444 COLFAX AVENUE S.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary J. Murphy* 4/29/98 (612) 832-1361

CF2E034 (10/97)