Mailing Address

1721 MOON LAKE BLVD.

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

HOFFMAN ESTATES IL 60194

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P29726

Principal Place of Business 1721 MOON LAKE BLVD

HOFFMAN ESTATES IL 60194

Suite, Apt. #, etc.

City & State

22

23

24

Zip

2. Principal Place of Business

THE ROACH ORGANIZATION, INC.

Country

C. T. CORROBATION SYSTEM

9. Name and Address of Current Registered Agent

4000 C DINE ICI AND DD			82 Street Address (P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND RD.							
PLANTATION FL 33324							
	The state of the s	84	City		85 Zip C	ode	
			,	FL			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12. OFFICERS AND DIRECTORS 13.							
TITLE	PCD DELETE	1.1 TITLE			☐ Change	Addition	
NAME	ROACH, WILLIAM R.	1.2 NAME					
· · · -	45 HAWTHORNE LANE	1.3 STREET ADDRESS					
STREET ADORESS							
CITY-ST-ZIP	BARRINGTON HILLS IL  VTS   DELETE	1.4 CITY-ST-ZIP		V	Change	X Addition	
TITLE	V10	2.2 NAME		•	_ •		
NAME	PETERSON, ANDREW N	2.3 STREET	T A D D D T C C	MURRAY JOHN 17514 GEORGE MORAN DR			
STREET ADDRESS	39 W 723 DEER RUN DR			EDEN PRAIRIE MN		1	
CITY-ST-ZIP	ST CHARLES IL	2.4 CITY-ST-ZIP		DECE TRAINED TO	☐ Change	Addition	
TITLE	, –					_	
NAME	KRAKAUER, JOHN L	3.2 NAME				1	
STREET ADDRESS	348 JADE RD	3.3 STREET ADDRESS					
CITY-ST-ZIP	SILVERTHORNE CO	3.4. CITY-ST-ZIP			Change	☐ Addition	
TITLE	D DELETE	4.1 TITLE			☐ Citalige		
NAME	BORSTING, JACK R	4. 2 NAME					
STREET ADDRESS	47310 BLAZING STAR	4.3 STREE	ADDRESS				
CITY-ST-ZIP	PALM DESERT CA	4.4 CITY-S	T-ZIP			T Addising	
TITLE	D DELÉTE	5.1 TITLE			Change	☐ Addition }	
NAME	LEWIS, VERNON R JR	5.2 NAME				}	
STREET ADDRESS	12680 HILLCREST #109	5.3 STREE	TADDRESS				
C/TY-ST-ZIP	DALLAS TX	5.4 CITY-S	T- ZIP				
TITLE	V □ DELETE	6.1 TITLE			Change	☐ Addition }	
NAME	MURPHY, MARY J.	6.2 NAME					
STREET ADDRESS	5444 COLFAX AVENUE S.	6.3 STREET ADDRE					
CITY-ST-ZIP	MINNEAPOLIS MN	6.4 CITY-S					
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, with all other like empowered.							

Country

Name

30

May 04, 1999 8:00 am Secretary of State

05-04-1999 90181 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

06/13/1990

41-1646390

4. FEI Number

**SIGNATURE:**