

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90059 034 ***158.75

DOCUMENT # P32626

1. Corporation Name

TROLLI INC.

Principal Place of Business

7951 S.W. 67TH STREET
STE. 300
PLANTATION FL 33324
US

Mailing Address

7951 S.W. 6TH STREET
STE. 300
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1991

4. FEI Number

52-1716800

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE P
NAME MEDERER, HERBERT
STREET ADDRESS OSTRASSE 94
CITY-ST-ZIP D-90763 FUERTH GE

TITLE V
NAME MINSKI, JOSE
STREET ADDRESS STE 300, 7951 SW 6TH ST.
CITY-ST-ZIP PLANTATION FL

TITLE VD
NAME BONO, AL
STREET ADDRESS 75 TRI STATE INTERNATIONAL
CITY-ST-ZIP LINCOLNSHIRE IL

TITLE VD
NAME DAVIES, ROBERT
STREET ADDRESS 75 TRI STATE INTERNATIONAL
CITY-ST-ZIP LINCOLNSHIRE IL

TITLE VD
NAME PRICE, WILLIAM
STREET ADDRESS 75 TRI-STATE INTERNATIONAL
CITY-ST-ZIP LINCOLNSHIRE IL

TITLE D
NAME SEAUER, ALEXANDER
STREET ADDRESS 75 TRI-STATE INTERNATIONAL
CITY-ST-ZIP LINCOLNSHIRE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☐ Change ☒ Addition

1.2 NAME RICHARD HARSHMAN

1.3 STREET ADDRESS 2121 Waukegan Rd

1.4 CITY-ST-ZIP BANNOCKBURN, IL 60015

2.1 TITLE PRES ☐ Change ☒ Addition

2.2 NAME STEVEN KAPLAN

2.3 STREET ADDRESS 2121 Waukegan Rd

2.4 CITY-ST-ZIP BANNOCKBURN, IL 60015

3.1 TITLE VP & SECY ☐ Change ☒ Addition

3.2 NAME BROOKS GRUENNER

3.3 STREET ADDRESS 2121 Waukegan Rd

3.4 CITY-ST-ZIP BANNOCKBURN, IL 60015

4.1 TITLE TREAS ☐ Change ☒ Addition

4.2 NAME AITAH LISS

4.3 STREET ADDRESS 2121 Waukegan Rd

4.4 CITY-ST-ZIP BANNOCKBURN, IL 60015

5.1 TITLE DIR ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 2121 Waukegan Rd

5.4 CITY-ST-ZIP BANNOCKBURN, IL 60015

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS 2121 Waukegan Rd

6.4 CITY-ST-ZIP BANNOCKBURN, IL 60015

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
Date

(847) 405-5842
Daytime Phone #

CR2E034 (11/98)