

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

102

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40093** (7)

1. Corporation Name  
**ROHO SERVICE, INC.**



Principal Place of Business: **-ATTN: MR. JEFF BAKER, CONTROLLER, 100 FLORIDA BELLEVILLE IL 62222**  
Mailing Address: **-ATTN: MR. JEFF BAKER, CONTROLLER, 100 FLORIDA BELLEVILLE IL 62222**

3. Date Incorporated or Qualified: **08/18/1992**  
3a. Date of Last Report: **05/19/1995**  
4. FEI Number: **37-1120532**  
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 ATTN: PAUL Bremeck**  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip Country  
25  
26 Mailing Address: **ATTN: PAUL Bremeck**  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signatures required when reinstating.

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTS, OTTO</b>	
STREET ADDRESS	<b>100 FLORIDA AVE.</b>	
CITY-ST-ZIP	<b>BELLEVILLE IL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HERCULES, JOY E.</b>	
STREET ADDRESS	<b>100 FLORIDA AVE.</b>	
CITY-ST-ZIP	<b>BELLEVILLE IL</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARKER, JEFFREY W.</b>	
STREET ADDRESS	<b>100 FLORIDA AVE.</b>	
CITY-ST-ZIP	<b>BELLEVILLE IL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT, GORDON</b>	
STREET ADDRESS	<b>100 FLORIDA AVE.</b>	
CITY-ST-ZIP	<b>BELLEVILLE IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FAIST, STEVE</b>	
STREET ADDRESS	<b>100 FLORIDA AVE.</b>	
CITY-ST-ZIP	<b>BELLEVILLE IL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAEBE, NORMA J.</b>	
STREET ADDRESS	<b>100 FLORIDA AVE.</b>	
CITY-ST-ZIP	<b>BELLEVILLE IL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>ROBERT H. GRAEBE</b>	
23 STREET ADDRESS	<b>100 FLORIDA AVE</b>	
24 CITY-ST-ZIP	<b>BELLEVILLE IL 62221</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<b>300001782788</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>-04/16/96--01124--011</b>	
53 STREET ADDRESS	<b>***200.00</b>	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1996 608-277-900  
4-16-96 JR

CR2E034 (12/95)

## CORPORATE OFFICERS

OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>SOCIAL SECURITY #</u>	<u>PHONE</u>
OTTO ROBERTS	PRESIDENT	42 SIGNAL HILL BLVD. BELLEVILLE, IL 62223	492-58-9195	618/277-9150
NORMA GRAEBE	SECRETARY/ TREASURER	#7 PERSIMMON RIDGE BELLEVILLE, IL 62223	222-20-0381	618/277-9150
STEVE FAIST	V.P. MFG.	155 LAKE LORRAINE DR. BELLEVILLE, IL 62221	355-52-4375	618/277-9150
<u>DIRECTORS</u>				
ROBERT H. GRAEBE	DIRECTOR	#7 PERSIMMON RIDGE BELLEVILLE, IL 62223	341-24-3213	618/277-9150
NORMA GRAEBE	DIRECTOR	#7 PERSIMMON RIDGE BELLEVILLE, IL 62223	222-20-0381	618/277-9150
OTTO ROBERTS	DIRECTOR	42 SIGNAL HILL BLVD. BELLEVILLE, IL 62223	492-58-9195	618/277-9150