

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90102 022 ***150.00

DOCUMENT # P40093

1. Entity Name
ROHO SERVICE, INC.

Principal Place of Business
**100 FLORIDA AVENUE
 BELLEVILLE IL 62221**

Mailing Address
**% RONALD N. DANNA
 150 N. MERAMEC. 4TH FL
 ST LOUIS MO 63105**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
37-1120532

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C.T. CORPORATION-SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO- C/D GRAEBE, ROBERT H 100 FLORIDA AVENUE BELLEVILLE IL 62221 <input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	P /CEO/D Oleksy, Thomas M. 100 Florida Avenue Belleville, IL 62221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BAKER, JEFFREY 100 FLORIDA AVENUE BELLEVILLE IL 62221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYTON, LYNDIA 100 N. FLORIDA AVENUE BELLEVILLE, IL 62221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, OTTO D 100 FLORIDA AVENUE BELLEVILLE IL 62221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAEBE, KURTIS F. 100-N. FLORIDA AVENUE BELLEVILLE IL 62221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAIST, NANCY 100 FLORIDA AVENUE BELLEVILLE IL 62221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DANA E. 100 N. FLORIDA AVENUE BELLEVILLE IL 62221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAEBE, ROBERT W 100 FLORIDA AVENUE BELLEVILLE IL 62221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAEBE, NORMA JEAN 100 FLORIDA AVENUE BELLEVILLE IL 62221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JEFFREY W. BAKER** **4/24/02** **618/277-9150**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)