

**COMMONWEALTH OF KENTUCKY**  
**JOHN Y. BROWN III, SECRETARY OF STATE**  
**ANNUAL REPORT**  
 (See Reverse Side for Filing Instructions)

Visit  
<http://www.kysos.com/arponline>  
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 report over the Internet

RECORD # **0066104**

DUE JUNE 30, **2002**

(4) FILING FEE

**\$15.00**

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

**ROGERS CARTAGE CO.**  
**P.O. BOX 773**  
~~611 S. 28TH ST~~ **611 S. 28TH ST.** ✓  
**MILWAKEE, WI 53201**

(5) STATE OR COUNTRY OF INCORPORATION

**IL**

(2) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

[Empty box for principal office address change]

(6) DATE OF INCORPORATION OR DATE AUTHORIZED TO TRANSACT BUSINESS

**12/01/1950**

(3) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form. Complete (7) to request a form to be mailed or download form from web site.

**JOSEPH J. LEARY**  
**101 ST. CLAIR ST.**  
**FRANKFORT, KY 40601**

(7) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

\_\_\_\_\_

\_\_\_\_\_

**MAR 15 2002**

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(8) PRINCIPAL OFFICERS if the corporation has previously filed an annual report, verify the names & titles of officers listed below. Please note: any additions to or changes in the principal officers and give the address for each person listed. If (8) is blank, type or print the names & business addresses of the current principal officers. If sole officer, please note.

President	Thomas Budnik	611 S. 28th St. Milwaukee, WI 53201
Secretary	Mark Redman	Address _____
Treasurer	Thomas Budnik	Address _____
		Address _____
		Address _____
		Address _____

(9) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors. Nonprofit corporations must list three (3) or more directors.

<del>Samuel Wassor</del>	Thomas Budnik	611 S. 28th St. Milwaukee, WI 53201
<del>Robert P. Johnson</del>	Mark Redman	Address _____
	David Walter	Address _____
	James Ziperiski	Address _____
		Address _____

I VERIFY THAT INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

*[Signature]*  
 Signature of Officer or Chairman of the Board

TITLE **Treas**

DATED **2-28-02**