



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 80261		2. Name of Corporation The Rockola Corporation			
3. Street Address Principal Business Office 875 N. Michigan Ave., Ste 3230			City Chicago	State Illinois	Zip 60611
4. Business Phone No. 312-787-9090		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island To Own, Operate and Lease Real Estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas M. Herriford		Vice President Name			
Street Address 875 N. Michigan Ave., Ste 3230		Street Address			
City Chicago	State Illinois	Zip 60611	City	State	Zip
Secretary Name Donald C. Rockola		Treasurer Name Donald C. Rockola			
Street Address 875 N. Michigan Ave., Ste 3230		Street Address 875 N. Michigan Ave., Ste 3230			
City Chicago	State Illinois	Zip 60611	City Chicago	State Illinois	Zip 60611
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas M. Herriford		Director Name			
Street Address 875 N. Michigan Ave., Ste 3230		Street Address			
City Chicago	State Illinois	Zip 60611	City	State	Zip
Director Name Donald C. Rockola		Director Name			
Street Address 875 N. Michigan Ave., Ste 3230		Street Address			
City Chicago	State Illinois	Zip 60611	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
125,000	COMM	\$1.00 PAR VALUE	96,961	Common	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date
FEB 08 2008

Check No.
By DS-97989

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Thomas M. Herriford Date: 1.15.08

Print or Type Name: Thomas M. Herriford

Title: President