2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000006752

1. Entity Name
BECKER CPA REVIEW CORP.

Principal Place of Business	Mailing Address
ONE TOWER LANE OAKBROOK TERRACE, IL 60181	ONE TOWER LANE OAKBROOK TERRACE, IL 60181

04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4085841
☐ 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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000154474
05/04/04-80168-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, RONALD L
STREET ADDRESS	ONE TOWER LANE
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181
TITLE	VD
NAME	SKUBIAK, O. JOHN
STREET ADDRESS	ONE TOWER LANE
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181
TITLE	T
NAME	LEVINE, NORMAN M
STREET ADDRESS	ONE TOWER LANE
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181
TITLE	S
NAME	CASON, MARILYNN J
STREET ADDRESS	ONE TOWER LANE
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181
TITLE	D
NAME	KELLER, DENNIS J
STREET ADDRESS	ONE TOWER LANE
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman M. Levine 4/26/04 630-571-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #