

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90369 010 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                     |                                                                                                                                                                   |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F99000006752</b><br>1. Entity Name<br><b>BECKER CPA REVIEW CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                     |                                                                                                                                                                   |                                                                                                       |  |
| Principal Place of Business<br><b>ONE TOWER LANE<br/>OAKBROOK TERRACE, IL 60181</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                                                     | Mailing Address<br><b>ONE TOWER LANE<br/>OAKBROOK TERRACE, IL 60181</b>                                                                                           |                                                                                                                                                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | 3. Mailing Address                                                                  |                                                                                                                                                                   |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                   |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | City & State                                                                        |                                                                                                                                                                   |                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                   | Zip                                                                                 | Country                                                                                                                                                           | 4. FEI Number<br><b>36-4085841</b>                                                                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |                                                                                     |                                                                                                                                                                   | Applied For<br>Not Applicable                                                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                     |                                                                                                                                                                   | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                     |                                                                                                                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                     |                                                                                                                                                                   |                                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                   | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                             |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD<br/>TAYLOR, RONALD L<br/>ONE TOWER LANE<br/>OAKBROOK TERRACE, IL 60181</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VD<br/>SKUBIAK, O. JOHN<br/>ONE TOWER LANE<br/>OAKBROOK TERRACE, IL 60181</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T<br/>LEVINE, NORMAN M<br/>ONE TOWER LANE<br/>OAKBROOK TERRACE, IL 60181</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AS<br/>TUPPER, KIMBERLY A<br/>3105 ANDREA COURT<br/>WOODRIDGE, IL 60517</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <b>Secretary<br/>David Webster<br/>One Tower Lane<br/>Oakbrook Terrace, IL 60181</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>KELLER, DENNIS J<br/>ONE TOWER LANE<br/>OAKBROOK TERRACE, IL 60181</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |                                                                                                                                                                                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                                                                           |                                                                                     |                                                                                                                                                                   |                                                                                                                                                                                        |  |
| <b>SIGNATURE:</b> _____ <b>Norman M. Levine</b> <b>4/21/06 (630) 571-7700</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                     |                                                                                                                                                                   |                                                                                                                                                                                        |  |

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04202006 Chg-P CR2E034 (11/05)

ATTACHMENT 40074166  
# F99000006752  
BECKER CPA REVIEW, CORP.

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OFFICERS

| <u>PRINCIPAL OFFICER</u> | <u>TITLE</u>   | <u>ADDRESS</u>                             |
|--------------------------|----------------|--------------------------------------------|
| RONALD L. TAYLOR         | PRESIDENT      | 627 S. Oak Street<br>Hinsdale, IL 60521    |
| O. JOHN SKUBIAK          | VICE PRESIDENT | 5 York Lake Court<br>Oak Brook, IL 60523   |
| DAVID M. WEBSTER         | SECRETARY      | 596 Arbor Vitae Road<br>Winnetka, IL 60093 |
| NORMAN M. LEVINE         | TREASURER      | 2520 Duffy Lane<br>Riverwoods, IL 60015    |

DIRECTORS

| <u>DIRECTOR</u>  | <u>ADDRESS</u>                                      |
|------------------|-----------------------------------------------------|
| DENNIS J. KELLER | 1155 35 <sup>th</sup> Street<br>Oak Brook, IL 60523 |
| RONALD L. TAYLOR | 627 S. Oak Street<br>Hinsdale, IL 60521             |
| O. JOHN SKUBIAK  | 5 York Lake Court<br>Oak Brook, IL 60523            |

All officers and directors took office June 19, 1996.

All officers and directors serve a one year term expiring November 21, 2006.

Business address for all of above:

One Tower Lane  
Suite 1000  
Oakbrook Terrace, IL 60181-4624