## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 29, 2004 8:00 am Secretary of State DOCUMENT # F00000002912 03-29-2004 90401 045 \*\*\*150.00 1. Entity Name BGL I, INC. Principal Place of Business Mailing Address 125 S. WACKER DR., SUITE 1150 125 S. WACKER DR., SUITE 1150 CHICAGO, IL 60606 CHICAGO, IL 60606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 36-4056582 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES, RICARDO Street Address (P.O. Box Number is Not Acceptable) 9000 SHERIDAN ST, SUITE 147 PEMBROKE PINES, FL 33024 City 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. 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PCD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BAILIN, MARK NAME 2572 OAKTON CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LISLE, IL CITY-ST-ZIP VD ☐ Change TITLE **▼** Delete TITLE ☐ Addition GOLDBERG, HOWARD NAME NAME STREET ADDRESS **2770 THE MEWS** STREET ADDRESS CITY-ST-ZIP NORTHBROOK, IL CITY-ST-ZIP TΩ TITLE ☐ Defete TITLE ☐ Change ☐ Addition LABRIOLA, PASQUALE NAME NAME STREET ADDRESS STREET ADDRESS 15700 PINE ROAD OAK FOREST, IL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ■ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PASQUALE LABRICLA, TREAS.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-25-04

(312) 236-3266

**FILED**