

<b>DOCUMENT # F00000002912</b>					
<b>1. Entity Name</b> BGL I, INC.					
<b>Principal Place of Business</b> 125 S. WACKER DR., SUITE 1150 CHICAGO, IL 60606			<b>Mailing Address</b> 125 S. WACKER DR., SUITE 1150 CHICAGO, IL 60606		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>					
TORRES, RICARDO 9000 SHERIDAN ST, SUITE 147 PEMBROKE PINES, FL 33024					Name
					Street Address
					City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PCD BAILIN, MARK 2572 OAKTON CT. LISLE, IL			<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD GOLDBERG, HOWARD 2770 THE MEWS NORTHBROOK, IL			<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD LABRIOLA, PASQUALE 15700 PINE ROAD OAK FOREST, IL			<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Delete	
<b>11.</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.01 of the Illinois Compiled Statutes (605 ILCS 1.01) and that my signature shall have the same effect as the signature of the receiver or trustee empowered to execute this report as required by Chapter 605 of the Illinois Compiled Statutes (605 ILCS 605).</b>					
<b>SIGNATURE:</b> <u>Pasquale Labriola</u> <b>PASQUALE LABRIOLA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					