

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001446 (3)**

1. Corporation Name

BERKELY AGENCY, LTD., INC.



Principal Place of Business

Mailing Address

100 GARDEN CITY PLAZA
GARDEN CITY NY 11530

P.O. BOX 9366
GARDEN CITY NY 11530

2. Principal Place of Business

2a. Mailing Address

123 North Wacker Dr., 26th Floor
Chicago, Illinois 60606

123 North Wacker Dr., 26th Floor
Chicago, Illinois 60606

3. Date incorporated or Qualified

03/22/1994

3a. Date of Last Report

02/14/1995

4. FEI Number

11-2391503

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0507, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of person signing for corporation)

Signature (Typed or printed name of person signing for corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KOTTLER, MARK	
STREET ADDRESS	118 DEERFIELD LANE NORTH	
CITY - ST - ZIP	PLEASANTVILLE NY 10570	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KAVAN, WILLIAM C	
STREET ADDRESS	117 BRIXTON ROAD	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	LEVINE, ROBIN	
STREET ADDRESS	26 MANORS DRIVE	
CITY - ST - ZIP	JERICHO NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Treasurer
43 STREET ADDRESS	Paul J. Rabin
44 CITY - ST - ZIP	123 N. Wacker Dr.
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Secretary
53 STREET ADDRESS	Mlene Jeschke
54 CITY - ST - ZIP	123 N. Wacker Dr.
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	ANP - TAXES
63 STREET ADDRESS	Robert J. Grob
64 CITY - ST - ZIP	123 N. Walker Dr.

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***200.00

APB
5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Grob*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Grob 4-17-96 312-761-3978
DATE DATE OF FILING PHONE NUMBER

CR2E034 (12/95)