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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94(

F9400001446 (3)

BERKELY AGENCY, LTD., INC.

FILED
May 15 1998 8:00am
Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | | E1E B131 1991 |
|---|--|--|---|--|----------------------------|--|-----------------------------|------------------------|-----------------------------|
| | WAÇKER DRIVE | P.O. BOX 8264 CHICAGO IL 60606 US | | | | | | | |
| CHICAGO IL | 80806 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | U U | | | | 3. Date Incorporated or Qualified | - 114 (1 110 0) | | |
| | | | | | | 03/22/1994 | | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | A | pplied For |
| 21 | | 26 | | | | 11-2391503 | | N | ot Applicable |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional |
| 22 | | 27 | | | | D. Continuate of claims busined | | Fee R | equired |
| City & Stat | o . | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 Zim | Consti | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | | | | 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No | | | | | |
| 24 | 25 9. Name and Address of Current | | 30 | | | Personal Property Tax due June 10. Name and Address of New Re | | | ZIND |
| PR | ENTICE-HALL CORPORATION SY | | | 81 | Name | (U. Hamo and Address of flow fit | giotolog A | gont | • |
| | 01 HAYS ST., STE. 105 | JI LWI, II TO. | | | | | | | |
| | LLAHASSEE FL 32301 | | [' | 82 | Street Add | Address (P.O. Box Number is Not Acceptable) | | | |
| 113 | DDW MOOLE (E OLOU) | | | 83 | | | | | |
| | | | - | 84 | City | | | 85 Zip | Code |
| | | | - [| | · | | FL | | |
| 11. Pursuant office or r agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State c im familiar with, and accept the obligat | and 607.1508, Florida Statut f Florida. Such change was i ions of, Section 607.0505, Fl | es, the ab authorized orida Statu | ove by les | i-named cor the corpora | poration submits this statement for the pation's board of directors. I hereby acceptions | ourpose of o pt the appo | hanging i ntment as | ts registered registered |
| SIGNATURE | | | | | | | | | |
| | Signature typed or printed name of registered agent | The second secon | | Age | nt signature requ | ired when reinstating) | DATE | | |
| 12. TITLE | OFFICERS AND | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFIC | | Change | AS IN 12 Addition |
| | HARDY, ARLENE | בין טנגנונ | 1.1 TITI | | | | | Cusulte | ☐ Addition |
| NAME Street address | 123 NORTH WACKER DRIVE | | 1.2 NAMI 1.3 STRE | | ADDRECE | | | | |
| *************************************** | CHICAGO IL | NUICAGO II | | | | | | | |
| CITY-ST-ZIP TITLE | P | DELETE | 2.1 TUU | | 3-ZIP | | | Change | Addition |
| NAME | KAVAN, WILLIAM C | | 2.2 NAME | | | | • | | |
| STREET ADDRESS | 117 BRIXTON ROAD | | 2.3 STREET ADDRESS | | ADDRESS | | | | |
| CITY-ST-ZIP | GARDEN CITY NY | | 2.4 CITY-ST-ZIP | | - 1 | | | | |
| TITLE | VST | | | 31 TITLE | | | Ţ | Change | Addition |
| NAME | LEVINE, ROBIN | - | | | | | _ | • | |
| STREET ADDRESS | OR MANIODE DONE | | | 3 3 STREET ADDRESS | | | | | 1 |
| CITY-ST-ZIP | JERICHO NY | DIOLO NV | | | T-21P | | | | Ì |
| TITLE | 8 | ☐ DELETE | 4.1 TiTL | | | | | Change | Addition |
| NAME | JESCHKE, ARLENE | | 4. 2 NA | ME | | | | | |
| STREET ADDRESS | 123 NORTH WACKER DRIVE | | 4.3 S1R | REET | ADDRESS | | | | |
| CITY-ST-ZIP | CHICAGO IL 60606 | | 4.4 CIT | | | | | | ļ |
| TITLE | AVP | ☐ DELETE | 5.1 TITL | | | | Ţ | Change | Addition |
| NAME | FYDA, SUSAN | | 5.2 NAA | ME | | | | | |
| STREET ADDRESS | | | 5.3 STR | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | CHICAGO IL | | 5.4 CIT | <u> Y - S</u> T | - ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 T(T) | LE | | | | Change | Addition |
| NAME | | | 6.2 NAA | ME | | | | | İ |
| STREET ADDRESS | | | 6.3 STR | REE1 / | ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CIT | Y- \$1 | - ZIP | | | | |

14. 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 armual 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.