

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90004 041 \*\*\*150.00

DOCUMENT # F94000001446

1. Corporation Name  
BERKELY AGENCY, LTD., INC.

Principal Place of Business  
123 NORTH WACKER DRIVE  
CHICAGO IL 60606

Mailing Address  
P.O. BOX 8264  
CHICAGO IL 60680  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1994

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE  
NAME HARDY, ARLENE  
STREET ADDRESS 123 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P ☐ DELETE  
NAME KAVAN, WILLIAM C  
STREET ADDRESS 117 BRIXTON ROAD  
CITY-ST-ZIP GARDEN CITY NY

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VST ☐ DELETE  
NAME LEVINE, ROBIN  
STREET ADDRESS 26 MANORS DRIVE  
CITY-ST-ZIP JERICHO NY

3.1 TITLE AS XV ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

S ☐ DELETE  
NAME JESCHKE, ARLENE  
STREET ADDRESS 123 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL 60606

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

AVP ☒ DELETE  
NAME FYDA, SUSAN  
STREET ADDRESS 123 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME Baer, Jerome I.  
5.3 STREET ADDRESS 123 N. Wacker Dr.  
5.4 CITY-ST-ZIP Chicago, IL 60606

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME Rice, Michael D.  
6.3 STREET ADDRESS 123 N. Wacker Dr.  
6.4 CITY-ST-ZIP Chicago, IL 60606

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED

SIGNATURE

JEROME I. BAER / V.P.-TAXES

4/28/99 312 701-3640

Date

Daytime Phone #

CR2E034 (11/98)