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

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

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

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

**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  Change  Addition  
 3.2 NAME **AS XV**  
 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  Change  Addition  
 5.2 NAME **V 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  Change  Addition  
 6.2 NAME **D 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** *Jerome I. Baer*

SIGNATURE AND TYPED

Jerome I. Baer / V.P.-TAXES

**4/28/99 312 701-3640**

Date

Daytime Phone #

CR2E034 (11/98)