

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90174 015 ***150.00

DOCUMENT # F94000001446

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

Principal Place of Business 123 NORTH WACKER DRIVE CHICAGO IL 60606	Mailing Address P.O. BOX 8264 CHICAGO IL 60680-8264 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 11-2391503	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE NA.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
T NAME: HARDY, ARLENE STREET ADDRESS: 123 NORTH WACKER DRIVE CITY-ST-ZIP: CHICAGO IL	<input type="checkbox"/> Delete
P NAME: KAVAN, WILLIAM C STREET ADDRESS: 117 BRIXTON ROAD CITY-ST-ZIP: GARDEN CITY NY	<input type="checkbox"/> Delete
ASXV NAME: LEVINE, ROBIN STREET ADDRESS: 26 MANORS DRIVE CITY-ST-ZIP: JERICHO NY	<input checked="" type="checkbox"/> Delete
S NAME: JESCHKE, ARLENE STREET ADDRESS: 123 NORTH WACKER DRIVE CITY-ST-ZIP: CHICAGO IL 60606	<input type="checkbox"/> Delete
V NAME: BAER, JEROME I STREET ADDRESS: 123 NORTH WACKER DRIVE CITY-ST-ZIP: CHICAGO IL	<input type="checkbox"/> Delete
D NAME: RICE, MICHAEL D STREET ADDRESS: 123 NORTH WACKER DRIVE CITY-ST-ZIP: CHICAGO IL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary Arlene Jesonke 123 N. Wacker Dr. Chicago, IL 60604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President (V.P.) *Correction	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED **4/19/00 (312)701-3978**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #