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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90004 040 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000000963

1. Corporation Name
BERKELYCARE, LTD., INC.

Principal Place of Business
**123 NORTH WACKER DRIVE
26TH FLOOR
CHICAGO IL 60606**

Mailing Address
**P.O. BOX 8264
CHICAGO IL 60606
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1995

4. FEI Number

11-2680796

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

**THE 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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **P KAVAN, WILLIAM C**
STREET ADDRESS **117 BRIXTON ROAD**
CITY-ST-ZIP **GARDEN CITY NY 11530**

TITLE ☐ DELETE

NAME **YST- LEVINE, ROBIN**
STREET ADDRESS **26 MANORS DRIVE**
CITY-ST-ZIP **JERICHO NY 11753**

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **AVD FYDA, SUSAN M.**
STREET ADDRESS **123 NORTH WACKER DRIVE**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **BAER, JEROME I.**
5.3 STREET ADDRESS **123 N. Wacker Dr.**
5.4 CITY-ST-ZIP **Chicago, IL 60606**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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:

JEROME I. BAER / V.P.-TAXES

4/28/99 312 701-3640

Date

Daytime Phone #

CR2E034 (11/98)