

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000963

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 11-2680796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME PD KAVAN, WILLIAM C
STREET ADDRESS 117 BRIXTON ROAD
CITY-ST-ZIP GARDEN CITY NY 11530

TITLE ☒ Delete
NAME ASXV 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 V BAER, JEROME I
STREET ADDRESS 123 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director Kevin P. Gaerin
STREET ADDRESS 123 N. Wacker Dr.
CITY-ST-ZIP Chicago, IL 60606

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (312) 701-3978

Date

Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90032 008 ***150.00



DO NOT WRITE IN THIS SPACE