

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91266 040 ***150.00

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
 200 E RANDOLPH STREET

3. Mailing Address

Suite, Apt. #, etc.
 Tax Dept 4th Floor

Suite, Apt. #, etc.

City & State
 CHICAGO

City & State

Zip
 60601

Country
 USA

Zip
 60680-8264

Country
 U.S.A

6. Name and Address of Current Registered Agent

THE 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 _____
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIGOTTI, DIANE 123 NORTH WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAVAN, WILLIAM C 123 N. WACKER DR CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, MICHAEL D 123 N. WACKER DR. CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JESCHKE, ARLENE 123 NORTH WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I 123 NORTH WACKER DRIVE CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARVIN, KEVIN P 123 N. WACKER DR. CHICAGO IL 60606	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO, ILLINOIS 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT ROBIN LEVINE-NOVELLO 200 E RANDOLPH STREET CHICAGO, ILLINOIS 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO, ILLINOIS 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO, ILLINOIS 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO, ILLINOIS 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO, ILLINOIS 60601

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: Jerome I. Baer **DATE:** 5/24/02 **DAYTIME PHONE #:** 312-381-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)