

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001380 (2)
1. Corporation Name
KEVIN BERG & ASSOCIATES, INC.



Principal Place of Business 640 N. LASALLE ST., STE. 545 CHICAGO IL 60610	Mailing Address 640 N. LASALLE ST., STE. 545 CHICAGO IL 60610-3731
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2. Principal Place of Business 21 640 N. LASALLE Suite, Apt. #, etc. 22 STE. 350 City & State 23 CHICAGO, IL Zip 24 60610 Country 25 COOK	2a. Mailing Address 26 640 N. LASALLE Suite, Apt. #, etc. 27 STE. 350 City & State 28 CHICAGO, IL Zip 29 60610 Country 30 COOK	3. Date Incorporated or Qualified 03/19/1996	3a. Date of Last Report 12/31/96
		4. FEI Number 96-3716776	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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
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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: _____ (NOTE: Registered Agent signature required when reinsating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERG, KEVIN		1.2 NAME KEVIN BERG	
STREET ADDRESS 728 W. JACKSON		1.3 STREET ADDRESS 640 N. LASALLE, STE. 350	
CITY-STATE-ZIP CHICAGO IL 60661		1.4 CITY-STATE-ZIP CHICAGO, IL 60610	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME GINGER GORDEN	
STREET ADDRESS		2.3 STREET ADDRESS 640 N. LASALLE STE 350	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP CHICAGO IL 60610	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME MICHAEL BLATTER	
STREET ADDRESS		3.3 STREET ADDRESS 640 N. LASALLE, STE 350	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP CHICAGO, IL 60610	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME RICHARD BERG	
STREET ADDRESS		4.3 STREET ADDRESS 640 N. LASALLE, STE 350	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP CHICAGO, IL 60610	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 included 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.

SIGNATURE: *Ginger L. Gordon* **3-26-97** **312-482-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)