

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

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002710 (9)

1. Corporation Name
BVA CO-OP, INC.

FILED

97 MAR 31 AM 8:25

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

**800 WEST CENTRAL RD.
MT. PROSPECT IL 60056**

Mailing Address

**800 WEST CENTRAL RD.
MT. PROSPECT IL 60056-2382**

3. Date Incorporated or Qualified

05/30/1996

3a. Date of Last Report

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

29

30

g. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 registrant agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD
CARQUEVILLE, ROBERT
800 W. CENTRAL RD.
MT. PROSPECT IL 60056**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VD
PRETZER, GARY
800 W. CENTRAL RD.
MT. PROSPECT IL 60056**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD
WHITEACRE, WILLIAM SR
800 W. CENTRAL RD.
MT. PROSPECT IL 60056**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**TD
NOWAK, ROBERT
800 W. CENTRAL RD.
MT. PROSPECT IL 60056**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
KOCHIRAS, JAMES
800 W. CENTRAL RD.
MT. PROSPECT IL 60056**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
WECHSLER, PETER
800 W. CENTRAL RD.
MT. PROSPECT IL 60056**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

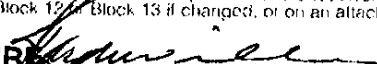
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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04/01/97-01105-005
*****165.00 ***165.00**

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.

SIGNATURE 

R. Carqueville

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Printing Name

CR2E034 (9/96)