ILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02 1998 8:00am
Secretary of State

[redacted]

DOCUMENT # F96000002710 (9)

1. Corporation Name
BVA CO-OP, INC.

Principal Place of Business	Mailing Address
800 WEST CENTRAL RD. MT. PROSPECT IL 60056	800 WEST CENTRAL RD. MT. PROSPECT IL 60056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 05/30/1996

4. FEI Number: 36-2706087 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ 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

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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	CARQUEVILLE, ROBERT	
STREET ADDRESS	800 W. CENTRAL RD.	
CITY-ST-ZIP	MT. PROSPECT IL 60056	
TITLE	VD	☒ DELETE
NAME	PRETZER, GARY	
STREET ADDRESS	800 W. CENTRAL RD.	
CITY-ST-ZIP	MT. PROSPECT IL 60056	
TITLE	SD	☐ DELETE
NAME	WHITEACRE, WILLIAM SR	
STREET ADDRESS	800 W. CENTRAL RD.	
CITY-ST-ZIP	MT. PROSPECT IL 60056	
TITLE	D	☒ DELETE
NAME	KOCHIRAS, JAMES	
STREET ADDRESS	800 W. CENTRAL RD.	
CITY-ST-ZIP	MT. PROSPECT IL 60056	
TITLE	D	☒ DELETE
NAME	WECHSLER, PETER	
STREET ADDRESS	800 W. CENTRAL RD.	
CITY-ST-ZIP	MT. PROSPECT IL 60056	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P.	☐ Change ☒ Addition
1.2 NAME	JAMES KNIGHT	
1.3 STREET ADDRESS	800 CENTRAL	
1.4 CITY-ST-ZIP	MT PROSPECT IL 60056	
2.1 TITLE	SEC	☐ Change ☒ Addition
2.2 NAME	HAL BLOTNER	
2.3 STREET ADDRESS	800 CENTRAL	
2.4 CITY-ST-ZIP	MT. PROSPECT IL 60056	
3.1 TITLE	PRES.	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TRS	☐ Change ☒ Addition
4.2 NAME	TOM WHENNEN JR	
4.3 STREET ADDRESS	800 CENTRAL	
4.4 CITY-ST-ZIP	MT. PROSPECT IL 60056	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	464/2	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	300002476243	☐ Change ☐ Addition
6.2 NAME	-04/02/98--01014--009	
6.3 STREET ADDRESS	***150.00	
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.

SIGNATURE