

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90019 005 \*\*\*550.00

14026260



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
36-2706087

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SANESE, RALPH JR
STREET ADDRESS	415 WEST GOLF RD.
CITY - ST - ZIP	ARLINGTON HEIGHTS, IL 60005
TITLE	D
NAME	JARRELL, ROB JR
STREET ADDRESS	415 WEST GOLF RD.
CITY - ST - ZIP	ARLINGTON HEIGHTS, IL 60005
TITLE	D
NAME	LANGDON, LOU
STREET ADDRESS	415 WEST GOLF RD.
CITY - ST - ZIP	ARLINGTON HEIGHTS, IL 60005
TITLE	
NAME	<u>SEE ATTACHED FOR LIST OF</u>
STREET ADDRESS	<u>OFFICERS AND DIRECTORS</u>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other fee empowered.

**SIGNATURE:**

Jeff Smith, President

6/1/04

847-364-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Call a chairman*

*Doc 14026260*  
*F96000002710*

**BVA CO-OP, INC. - OFFICERS AND DIRECTORS**  
**2004**

**OFFICERS**

<u>Name</u>	<u>Title</u>	<u>Address</u>
JEFF SMITH	President	415 West Golf Road – Suite 63 Arlington Hts., IL 60005
MARK STEIN	Vice President	"
RALPH SANESE, JR.	Secretary	"
ROB JARRELL, JR.	Treasurer	"

**DIRECTORS**

JEFF SMITH	"
MARK STEIN	"
RALPH SANESE, JR.	"
ROB JARRELL, JR.	"
BRAD BARTHOLOMEW	"
LOU LANGDON	"
H.F. SMITH BELL	"
LARRY BITTINGER	"
THOMAS J. KONOP	"
JEFF WHITACRE	"
RICHARD HAWKINS	"
RANDY COLEY	"
JAMES BRINTON	"