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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P16702 (3)

FILED
95 FEB -7 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
BARTON BEERS, LTD. CORPORATION

Principal Place of Business	Mailing Address
55 EAST MONROE STREET CHICAGO IL 60603	55 EAST MONROE STREET CHICAGO IL 60603

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/05/1987
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 36-2855879 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BERK, ALEXANDER L	1.2 NAME	
STREET ADDRESS	491 WASHINGTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENCOE IL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	MARDELL, FRED R.	2.2 NAME	
STREET ADDRESS	990 N. LAKE SHORE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	HACKETT, WILLIAM F	3.2 NAME	
STREET ADDRESS	296 N PARK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ELLYN IL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MCNICHOLS, THOMAS A	4.2 NAME	
STREET ADDRESS	1230 HEATHER LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL	4.4 CITY-ST-ZIP	
TITLE	AST	5.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, NORMAN R.	5.2 NAME	
STREET ADDRESS	7736 WEST ARCADIA	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORTON GROVE IL	5.4 CITY-ST-ZIP	
~~TITLE~~	~~AST~~	6.1 TITLE	V ☒ Change ☐ Addition
~~NAME~~	~~LAPIN, PHILIP L.~~	6.2 NAME	Raymond E. Powers
~~STREET ADDRESS~~	~~241 RIDGE RD.~~	6.3 STREET ADDRESS	4208 Hampton
~~CITY-ST-ZIP~~	~~HIGHLAND PARK IL~~	6.4 CITY-ST-ZIP	Western Springs, IL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

Barton Beers, Ltd.
SIGNATURE: By: Raymond E. Powers Raymond E. Powers V. Pres 01/27/95 312-346-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446005 FP