


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90029 025 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P16702</b><br>1. Entity Name<br><b>BARTON BEERS, LTD. CORPORATION</b>   |  |   |   |    |  |
| Principal Place of Business<br><b>55 EAST MONROE STREET<br/>CHICAGO, IL 60603</b>   |  |   | Mailing Address<br><b>55 EAST MONROE STREET<br/>CHICAGO, IL 60603</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>36-2855879</b>  |  |
| Zip   |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPD<br/>BERK, ALEXANDER L<br/>491 WASHINGTON AVE<br/>GLENCOE, IL</b>  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VS<br/>KUTYLA, ELIZABETH<br/>630 WRIGHTWOOD<br/>CHICAGO, IL 60614</b> | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD<br/>HACKETT, WILLIAM F<br/>296 N PARK AVE<br/>GLEN ELLYN, IL</b>   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V<br/>MCNICHOLS, THOMAS A<br/>1230 HEATHER LN<br/>GLENVIEW, IL</b>    | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>SANDS, RICHARD<br/>14 ELMWOOD LANE<br/>ROCHESTER, NY 14610</b>  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>CHRISTENSEN, TROY<br/>30 EAST HURON<br/>CHICAGO, IL 60611</b>   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 1821 Oakdale<br>Chicago, IL 60657  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 1632 Oakley<br>Chicago, IL 60647   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| 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 like empowered. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | 2/2/04  |   | 312-346-9200<br><small>Daytime Phone #</small> |