


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P16702</b> 1. Entity Name BARTON BEERS, LTD. CORPORATION	
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Principal Place of Business 55 EAST MONROE STREET CHICAGO, IL 60603	Mailing Address 55 EAST MONROE STREET CHICAGO, IL 60603
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02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-2855879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERK, ALEXANDER L 491 WASHINGTON AVE GLENCOE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KUTYLA, ELIZABETH 1821 OAKDALE CHICAGO, IL 60657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HACKETT, WILLIAM F 296 N PARK AVE GLEN ELLYN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCNICHOLS, THOMAS A 1230 HEATHER LN GLENVIEW, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, RICHARD 14 ELMWOOD LANE ROCHESTER, NY 14610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTENSEN, TROY 1632 OAKLEY CHICAGO, IL 60647

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02/25/05-80059-002 150.00

**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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.

SIGNATURE:  TREASURER 2/14/05 312-346-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #